

APPLICATION TO HIRE COLLEGE FACILITIES

Date: _____

Applicant's Name _____

Organisation Name (if applicable): _____

Please circle type of Organisation: Profit / Not for Profit

Applicant's Address: _____

Applicant's Email: _____

Requested Facility: _____

What is the purpose for Facility Hire? _____

FIRST PREFERRED DATE	SECOND PREFERRED DATE	TIME REQUIRED	DURATION OF HIRE	REQUIREMENTS

Please return this completed application form and copies of all **required insurance documentation** to Email:
ellenbrook.sc.admin@education.wa.edu.au

If your application is successful, the college will forward a license for use of property form.

Thank you for your application.

Diarmuid McDonough
Manager Corporate Services
Ellenbrook Secondary College

Office Use Only	APPROVAL
FACILITY HIRE REPRESENTATIVE APPROVAL	Signature: _____ Date: _____
SLT ENDORSEMENT	SLT Meeting : _____ Approved Yes / No Date: _____ Signature: _____
APPLICATION FORWARDED TO APPLICANT	Signature: _____ Date: _____