

APPLICATION TO HIRE COLLEGE FACILITIES

Date: _____

Applicant's name: _____ Mobile: _____

Organisation name (if applicable): _____

ABN: _____

Applicant's address: _____

Applicant's email: _____

Requested facility: _____

Size of group (please circle): Small (1-10) Medium (11-30) Large (30+)

Facility (please select): CLASSROOM
 GYM
 TRANSPORTABLE CLASSROOM
 PERFORMING ARTS THEATRE
 LECTURE THEATRE

What is the purpose for facility hire? _____

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

Please return this completed application form and a copy of your insurance certificate of currency 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.
Ellenbrook Secondary College