



Booking Request form

wombat

housing and support services

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wombat@wombat.org.au

fax: 8327 2299

BOOKING REQUEST FORM

If you would like to request a booking for a Wombat managed community facility, you must complete this form. Please note:

- Bookings must be made in writing fourteen (14) days in advance.
- All fields must be completed. If it is not completed, your booking will not be approved.
- Completing this form does not guarantee a booking.
- Your booking is only confirmed once you have received confirmation in writing from Wombat (Confirmation of Community Facility Booking).

All information you provide will be used for facility booking purposes and may be used to contact you regarding your booking. Your information will not be disclosed to any other party unless required by law or DHS as the relevant funding body.

Contact Details

Organisation/Group Name _____

Primary Contact (auspice) Name _____

Postal Address _____ Post Code _____

Phone - Work _____ Home _____ Mobile _____

Email _____ Fax _____

Interpreter Required: Yes No If Yes, which language: _____

Secondary Contact Name _____

Postal Address _____ Post Code _____

Phone - Work _____ Home _____ Mobile _____

Email _____ Fax _____

Interpreter Required: Yes No If Yes, which language: _____

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Booking Request form

Booking Details

(1) Facility Address: _____

(2) What sort of kitchen use is required?

Drinks only Preparing food and drinks Not at all

(3) Please describe in detail what activity the facility will be used for:

(4) How is the activity being funded?

(5) How many people are expected to attend the activity?

Less than 10 11 - 25 26 - 50 51 - 100 100+

(6) Are public tenants expected to attend? Yes No

If Yes, what percentage of those attending are public tenants? _____ %

(7) Will you be bringing any equipment? Yes No If Yes, describe below

(8) Does your group have public liability insurance? Yes No

If Yes, please provide a copy of the front page of your insurance policy and complete the below information

(a) Insurance Company Name _____

(b) Policy Number _____

(c) Expiry Date _____



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Booking Duration and Frequency

(9) Please enter the time(s) of your booking request(s) below (eg 9.00am – 11.00am)

DAY	Morning	Afternoon	Night
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

(10) Is your booking a single (once -off) booking? Yes No

If Yes, what date is being requested? ____ / ____ / ____ (go to question 14)

If No, go to question 12

(11) How often is your regular booking to occur?

Weekly Fortnightly Monthly Other

If Other, please state: _____

(12) How long is your regular booking for?

12 months 6 months Other

State Date ____ / ____ / ____ End Date: ____ / ____ / ____

(13) Who will be regularly attending this (these) booking(s) and be responsible for the activity being provided?

Name _____

Postal Address _____ Post Code _____

Phone - Work _____ Home _____ Mobile _____

Email _____ Fax _____

Interpreter Required: Yes No If Yes, which language: _____

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