## Table and Chair Hire Application Form

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| **Part A – Applicant Details** |
| Surname:  |   | Given Name(s): |   |
| Organisation: |   |
| Address:  |   |
| Suburb: |   | Postcode: |   |
| Contact Phone: |   | Mobile Phone: |   |
| Facsimile: |   | Email: |   |

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| **Part B – Hire Details** |
| Date of Collection:  |   | Time of Collection: |   |
| Date of Return: |   | Time of Return: |   |
| Total Hire of Time: | Days: |   | Hours: |   |
| Number of Chairs Required: |   |
| Number of Tables Required: |   |

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| **Part C – Terms and Conditions** |
| **Hours of Hire**Hire of chairs and tables must be completed within the hours of hire. **Booking Cancellations**Bookings can be cancelled up to 7 days prior to the booking date. Cancellation fees apply, if cancelled with less than 7 days’ notice. **Cleaning**All tables and chairs must be cleaned before being returned. In the case of an unsatisfactory post event inspection, your Bond will be affected or charges will be applied for the Shire to undertake cleaning**Collection and Drop-Off**Collection and drop-off time and location will be through arrangement with the Shire of Ashburton.**Reports of Damage**Any damage to chairs or tables must be reported immediately to the Shire in writing.  |

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| **Part C – Terms and Conditions (Continued)** |
| **Fees and Charges**Will be applied as per the Shire of Ashburton Fees and Charges Guide Broken / damaged tables /chairs will be charged back to the hirer as per the Fees and Charges Guide.**Note**The Shire of Ashburton has allocated chairs and tables for hire. Not all furniture & equipment is available. |

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| **Part D – Declaration** |
| I am over the age of 18 years and agree that the above booking details are tentative until confirmed by the Shire of Ashburton.I, the Hirer hereby certify that I have read and understood the above Terms and Conditions/Table and Chair Hire and agree to abide by them for the term of the Hire agreement. |
| Signature of Applicant: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_ |
| Signature of Witness: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_ |
| Name of Witness: |   |