

MCRN MEETING ROOM BOOKING FORM

Name of group:	
Brief description of activity to be conducted in the Meeting Room:	
Hirer Contact Details	
Name:	
Address:	
Telephone: Mobile:	
Email:	
Public Liability Details	
☐ In using the Meeting Room, the Hirer agrees to indemnify the Mountains Community Resource Network (MCRN) against any claims caused by negligence of the hirer in connection with the use or occupation of the premises. This insurance shall not apply to negligence of the MCRN. Please attach a copy of a certificate of currency for Public Liability insurance.	
Name of insured party: Date of expiry:	
☐ We request coverage under the MCRN Public Liability insurance as do not have our own development or a social justice activity. Please describe purpose of the group/activity:	n cover and our group/activity is community
Hirer Status	
☐ A community group ☐ An individual hiring the room for private purpour ☐ A not-for-profit organisation ☐ A profit-making group, organisation or business	
Participants	
Will participants be charged to attend the activity? Yes	sipant per session?
Booking Dates/Times	
Date/s: Start time: End time:	
Equipment Hire	
Do you require access to any of MCRN's equipment during the time of room hire? □ PA System □ Laptop / Data Projector □ Display Boards □ Video Camera □ Photo Camera	
Disclaimer:	
I have read and understood MCRN's Meeting Room Booking and Equipment Hire Policies. I agree better condition after use. Any loss or damage of equipment is my responsibility.	ee to leave the meeting room in the same or
Signed:	
Date:	

NOTE:

If your meeting/activity time falls outside of usual business hours, contact MCRN on 0408 249 044 between 9am and 12 noon on Mondays, Wednesdays or Thursdays to arrange after-hours access to the building.

Please return this form and a scanned copy of any related documents to MCRN by email: support@mcrn.org.au