

**EVENT BOOKING FORM FOR
THE RODNEY GREEN CENTENNIAL EVENT CENTRE,
THE CHAPMAN PAVILION PETTIGREW LOUNGE 1, THE CHAPMAN PAVILION CORPORATE
LOUNGE 2, THE GRAEME LOWE STAND CORPORATE LOUNGE 1, THE GRAEME LOWE STAND
CORPORATE LOUNGE 2 AND ANCILLARY FACILITIES.**

Please **sign** and return the completed form by one of the following methods: Deliver in person to Works Asset Department, First Floor, Civic Building, 231 Hastings Street, Napier; post to Works Asset Department, Napier City Council, Private Bag 6010, Napier 4142; scan and email to bookit@napier.govt.nz; fax to (06) 834 4195.

Today's Date: ____ / ____ / ____

Event Details

Name of Event(s): _____

Main purpose of Event (Activity): _____

Setting up Date: _____ Setting up Time: _____

Event Start Date: _____ Event Start Time: _____

Event Finish Date: _____ Event Finish Time: _____

Pack Out Complete By Date: _____ Pack Out Complete By Time: _____

TYPE OF BOOKING: *(please tick)*

- 1) Local Sports Bodies - Seasonal Hire
- 2) Sports Bodies, Not for Profit and Local Community Benefit (non commercial)
- 3) Commercial

Comments: _____

Estimated number of people attending: _____

Will there be an admission charge? Yes No if yes, how much will it be? _____

Contact Details

Name of Club/Group/Organisation: _____

Name of Contact Person: _____

Contact Address: _____

_____ Postcode: _____

Telephone Number: (day) _____ (mobile) _____

Email: _____ Fax: _____

Areas and Service Requirements

AREAS: *(please tick)*

Rodney Green Centennial Event Centre

- Main Hall
- Kitchen (Please include Caterer's details) Caterer's details _____
- Dining Room _____
- Male Changing Room
- Female Changing Room
- Meeting Room 1 (small)
- Meeting Room 2 (large) (Check availability before booking)
- Mezzanine Floor Extra Floor Attendant is required
- Chapman Pavilion Pettigrew Lounge 1**
- Chapman Pavilion Corporate Lounge 2**
- Graeme Lowe Stand Corporate Lounge 1**
- Graeme Lowe Stand Corporate Lounge 2**
- Graeme Lowe Stand Kitchen** (Please include Caterer's details) Caterer's details _____

TOILETS: *(please tick)*

Rodney Green Centennial Event Centre

| | Required | | Serviced* | | | |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|
| Main Hall Toilets – Male | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| Main Hall Toilets – Female | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| Foyer Toilets – Male | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| Foyer Toilets – Female | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| Chapman Pavilion Pettigrew Lounge 1 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| Chapman Pavilion Corporate Lounge 2 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| Graeme Lowe Stand Corporate Lounge 1 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| Graeme Lowe Stand Corporate Lounge 2 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |

OTHER REQUIREMENTS: *(please tick)*

- Basketball Hoops Retracted (6 in total) Number: _____
- Plastic Chairs (100 available) Number: _____
- Basketball Scoreboard
- Lifts
- Urn
- Event Liquor Licence
- Event Food Vending
- Reserved Car Parking Number: _____
- Traffic Management Plan
- Notice Board (Main car park entrance) Dates required: _____ to: _____

Graeme Lowe Stand Lounges 1 and 2 (Extras)

- Tables 26 available Number: _____
- Chairs 260 available Number: _____

HIRER'S EQUIPMENT AND SETUP: *(please tick)*

| | | | |
|-------------------|------------------------------|-----------------------------|--|
| Floor Layout Plan | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> Please attach a copy |
| Electrical | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> Specify _____ |
| Decoration | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> Specify _____ |
| Sound | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> Specify _____ |
| Structural | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> Specify _____ |

*Servicing/cleaning during event - (hours to be confirmed by Custodian the following day and invoiced accordingly)

HIRER'S EVACUATION REQUIREMENTS:

| Venue | Maximum Attendance at any time? | Total Number of People Attending the Event? |
|--------------------------------------|---------------------------------|---|
| Rodney Green Centennial Event Centre | | |
| Chapman Pavilion Pettigrew Lounge 1 | | |
| Chapman Pavilion Corporate Lounge 2 | | |
| Graeme Lowe Stand Corporate Lounge 1 | | |
| Graeme Lowe Stand Corporate Lounge 2 | | |

PUBLIC LIABILITY INSURANCE: *(please tick)*

Hirer's own Public Liability Insurance (attach certificate)
 Napier City Council's Public Liability Insurance Cover (Hall Hirer's Insurance)

DISCLOSURE:

I, the above mentioned hirer, acknowledge that I have received and understood the "Conditions of Hire for the Rodney Green Centennial Event Centre, the Chapman Pavilion Pettigrew Lounge 1, the Chapman Pavilion Corporate Lounge 2, the Graeme Lowe Stand Corporate Lounge 1, the Graeme Lowe Stand Corporate Lounge 2 and ancillary facilities", and agree to abide by the same.

Name: _____ Signature: _____
(Please print) Hirer or Authorised Agent

Date: ____ / ____ / ____

OFFICE USE ONLY:

| | | | | | | | | |
|--|------------------------------|-----------------------------|-----------|------------------------------|-----------------------------|------------|------------------------------|-----------------------------|
| Available: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Approved: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Confirmed: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| _____ Signed | | | | | | | | |
| Restrictions/Conditions: _____ | | | | | | | | |
| Evacuation requirements: | | | | | | | | |
| Senior Floor Attendant | NCC | <input type="checkbox"/> | User | <input type="checkbox"/> | Number: | _____ | | |
| Floor Attendant/s | NCC | <input type="checkbox"/> | User | <input type="checkbox"/> | Number: | _____ | | |
| Evacuation Co-ordinator | NCC | <input type="checkbox"/> | User | <input type="checkbox"/> | | | | |
| Please tick when completed | | | | | | | | |
| Deposit/Bond - Invoiced | <input type="checkbox"/> | Date: _____ | No: _____ | \$ _____ | | | | |
| Deposit/Bond - Paid | <input type="checkbox"/> | Date: _____ | | | | | | |
| Balance of Account - Invoiced | <input type="checkbox"/> | Date: _____ | No: _____ | \$ _____ | | | | |
| Balance of A/c Paid/Bond Refunded | <input type="checkbox"/> | Date: _____ | No: _____ | \$ _____ | | | | |
| Floor Plan Received/Approved | <input type="checkbox"/> | Date: _____ | | | | | | |
| Projects Events List | <input type="checkbox"/> | | | | | | | |
| Copies delivered to David Coyle & Phil Tilbury NCC | <input type="checkbox"/> | Date: _____ | | | | | | |
| Depot informed - Senior Floor Attendant | <input type="checkbox"/> | Date: _____ | | | | | | |
| Liquor Licence Sighted | <input type="checkbox"/> | | | | | | | |
| Keys and/or Swipe cards issued | <input type="checkbox"/> | Date: _____ | Key: | Swipe/c: | _____ | | | |
| Keys and/or Swipe cards returned | <input type="checkbox"/> | Date: _____ | Key: | Swipe/c: | _____ | | | |
| Alarm Monitoring Services notified | <input type="checkbox"/> | | | | | | | |
| Site inspected | <input type="checkbox"/> | Date: _____ | | | | | | |