

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

Please **sign** and return the completed form by one of the following methods: email to mclean.park@napier.govt.nz; deliver in person to Napier City Council, Customer Service Centre, 215 Hastings Street, Napier; or post to Venue Events Coordinator, c/- McLean Park, Napier City Council Private Bag 6010, Napier 4142.

Today's Date: ____ / ____ / ____

Event Details

Name of Event: _____

Main purpose of Event: _____

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)*

Centennial Events Centre

- Main Hall
- Kitchen (Please include Caterer's details) Caterer's details _____
- Dining Room _____
- Male Changing Room
- Female Changing Room
- Meeting Room 1 (small)
- 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)*

Centennial Events Centre

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

OTHER REQUIREMENTS: *(please tick)*

- Basketball Hoops Retracted
- Plastic Chairs (100 available) Number: _____
- Event Liquor Licence
- Event Food Vending
- Reserved Car Parking Number: _____
- 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 No **Please attach a copy**
- Electrical Yes No Specify _____
- Decoration Yes No Specify _____
- Sound Yes No Specify _____
- Structural Yes No Specify _____

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

HIRER'S EVACUATION REQUIREMENTS:

Venue	Maximum Attendance at any time?	Total Number of People Attending the Event?
Centennial Events 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 Centennial Events Centre, Chapman Pavilion Pettigrew Lounge 1, Chapman Pavilion Corporate Lounge 2, Graeme Lowe Stand Corporate Lounge 1, 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"/>							
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: _____						