# **Function/Courtyard Hire Eskbank House**



PART 1 – APPLICANT DETAILS					
Name of Applicant/s:					
Address:		City/Town:		State:	Postcode:
Phone/Mobile:		Email:			
PART 2 – EVENT DETAILS  Fees available on the Eskbank House and Museum Website <a href="https://www.eskbank.lithgow.com/fees-charges/">www.eskbank.lithgow.com/fees-charges/</a>					
Function/works (half day)		ate:	Start time:	Finish t	ime:
Function/workshop (full day or evening)					
Professional photography (during normal opening hours)					
Stall hire					
Major event (grounds only)					
If waiver or discount is applicable, approved by:					
Venue	Garden	Courtyard			
If access for preparation is required please provide details: Date: Time:					
If tables & chairs required please indicate numbers: No Tables: No Chairs:					
Description of vehicles requiring access to the facility:					

Please attach a brief written statement detailing your plans and timetable for your function, including wet weather and other contingencies. Catering and other requirements must be discussed with Council staff prior to the event.

### Please ensure that you have read and understood the Schedule of Conditions of Hire, downloadable from www.eskbank.lithgow.com/bookings/ In consideration of the use of Council's owner/controlled facility, I/We agree to hold the Lithgow City Council harmless for any damages, acts or incidents that occur as a result of the above event held by me/us. Furthermore I/We assume all liability for specific losses arising from the event listed above and release the Lithgow City Council from all liabilities and costs incurred arising from or incident in the event. OR I/We currently carry a Public Liability Insurance Policy for \$10m and attached is a copy of our current policy or a certificate of currency. I/We have read and understand the attached Schedule of Conditions of Hire and agree to abide by these conditions. I/We understand that I/We may be liable for additional costs incurred as per the conditions of hire above. Signature: Date: Name: Name: Signature: Date:

## This application form must be returned and the booking paid in full not less than 14 days prior to the event.

Booking and payment can be made to:

#### **Lithgow City Council**

PO Box 19, Lithgow NSW 2790 Administration Building – Cashier 180 Mort Street Lithgow NSW 2790 Ph: (02) 6354 9999

Fax: (02) 6351 4259

Email: eskbank@lithgow.nsw.gov.au

(Cash/Cheque/Credit Card)

#### **Eskbank House & Museum**

PO Box 19, Lithgow NSW 2790 Corner of Inch & Bennett St Lithgow N.S.W. 2790 Ph: (02) 6351 3557 Fax: (02) 6351 3568

(Cash or Cheque only)

#### PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE.

By completion of this form you may be providing Council with personal information. Council will collect the information only for a lawful purpose directly related to the function of Council. We will take reasonable care not to disclose personal information. Exempt documents may come under Section 12 of the Local Government Act.