

## HALL HIRE ENQUIRY FORM

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### One off Hall Hire on Council's Halls and Community Centres

Name: \_\_\_\_\_  
Name of Organisation: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Contact Telephone Numbers: \_\_\_\_\_  
Date of Function: \_\_\_\_\_  
Time of Function: \_\_\_\_\_ Start: \_\_\_\_\_ Finish: \_\_\_\_\_  
*Access given up to 2.5hrs before for set-up*  
Number of guests expected: \_\_\_\_\_ Type of function: \_\_\_\_\_

*Please note, smoke machines and bucking bulls are not allowed inside any of Council facilities.*

Will you be selling alcohol or any products?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type _____
Will you be having entertainment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will you be charging entry fee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will you be using any music/amplified equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will you be hiring commercial caterers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**Please contact Council's Environmental Health Services on 9528 0315 if you answered yes to any of the above questions for further information.**

#### HALL REQUIRED (Please Tick)

- Baldivis Recreation Centre, cnr Fifty and Baldivis Roads, Baldivis
- Hillman Hall, Unnaro Street, Hillman
- McLarty Hall, Corner McLarty Road & Watts Road
- Port Kennedy Community Centre, Corner Discovery Crescent & Clipper Drive, Port Kennedy
- Singleton Hall, Cavender Road, Singleton
- Secret Harbour Community Centre – Oasis Drive, Secret Harbour
- |                                    |   |   |
|------------------------------------|---|---|
| <input type="checkbox"/> Main Hall | <input type="checkbox"/> Meeting Rooms  | <input type="checkbox"/> Playgroup Area I |
| <input type="checkbox"/> Room II   | <input type="checkbox"/> Reception Room |   |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Att: City of Rockingham Recreation & Culture Services, Civic Boulevard, PO Box 2142, Rockingham DC WA 6967.  
☎ 9528 0439 or email: [bookings@rockingham.wa.gov.au](mailto:bookings@rockingham.wa.gov.au) for further information.**

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#### OFFICE USE ONLY

Amount Received: \_\_\_\_\_ Cash/Cheque  
Date Received: \_\_\_\_\_  
Receipt Number: \_\_\_\_\_

## PARTY REGISTRATION FORM

The following information is required in accurate detail to enable police to provide an efficient response to any call for assistance. Please complete all sections of the form and return it to Council's Recreation Services at least, **two weeks prior to your party.**

Location of party
Inside/outside or both
Venue phone no.
Day and date of party
Start time Finish time
Party host name
Residential address
Contact phone number Home <span style="margin-left: 150px;">Bus</span> <span style="margin-left: 150px;">Mob</span>
Age of party host Adult / Underage
Parent/guardian name
Type of celebration (eg birthday)
Number of guests
Average age of guests
Type of invitation (eg formal, verbal etc)?
Supervision provided? <input type="checkbox"/> Yes / No <input type="checkbox"/> Parental / Adult <input type="checkbox"/>
If Yes, how many adults?
Other supervision?
Have you notified neighbours? Yes / No <input type="checkbox"/> Verbal / Written <input type="checkbox"/>
Alcohol? byo/provided/nil
Previous party problems? Yes / No
If Yes, what?
Have you engaged security/crowd controllers? Yes / No
If Yes, Company name

**THANK YOU FOR ALLOWING THE WA POLICE TO ASSIST YOU TO HAVE A SAFE AND ENJOYABLE PARTY.**

POLICE USE ONLY

OFFICER NAME:

RANK:

No.

Police Station:

Date received:

Forward original to - **DISTRICT INCIDENT MANAGEMENT UNIT (IMU)**

**Please Note: IMU to forward a copy to Community Safety Branch, 8 Burton St, Cannington 6017**