

Organisation/Entity name	ABN/ACN
Contact name	
Phone (work)	
Phone (mobile)	
Email address	
Postal address (include post code)	
Physical address (if different to postal)	
Event purpose e.g. Funeral, Memorial service, Training, Meeting	
<b>Hire category</b> Cemetery Service <input type="checkbox"/> Private Function <input type="checkbox"/> Community* <input type="checkbox"/> Commercial* <input type="checkbox"/> Liquor on the premise <input type="checkbox"/>	
Approximate number of attendees	
Event date(s) (date range if applicable)	
Entry time to the venue on hire (or first) date	
Exit time from venue on hire (or final) date	
Special requirements (chairs, tables,AV)	

<b>*Public Liability Insurance required</b> - a copy of your insurance certificate is to be provided prior to hire date.	
Public liability insurer	
Policy number	
Policy expiry date	
Sum insured	\$

*I have read and acknowledged the Conditions of Hire for the Gungahlin Cemetery Hall and agree to meet the conditions therein.*

Signature of Hiree	Date
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**Verified correct and complete (Canberra Cemeteries staff)**

Signature	Date
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**Note:** Hire cannot proceed until both parties have signed

**Office**

Gungahlin Cemetery  
Sandford Street  
Mitchell ACT 2911

**Postal Address**

PO Box 37  
Mitchell ACT 2911

**Contact**

**T** 02 6204 0200 **F** 02 6207 1624  
**E** cemeteries@act.gov.au  
**W** canberracemeteries.com.au