

door of hope

Christian Church Inc.

Facilities Hire and Conference Services– Booking Questionnaire

- 1 Group Information:
- 2 Conference Information:
- 3 Food Services Information:

Conference Name:	
Contact Person #1:	
Position:	
Address:	
Phone/Business/Mobile:	
Fax Number:	
Email address:	
Contact Person #2:	
Position:	
Address:	
Phone/Business/Mobile:	
Fax Number:	
Email address:	

Start Date:		Time:	
End Date:		Time:	
Total number of delegates:			

Cafe Service : Morning Tea
Lunch
Afternoon Tea
Please list all meals required

Date:	Time:	Type of Refreshment:	Number of People:

Special Catering Requirements: e.g. vegan, vegetarian etc

4. Meeting Room Information:

List meeting room requirements:			
Date(s):	Time(s):	Type of Setup:*	Number of People:

* Lecture theatre, class room, board room, u shape, workshop, etc. (see attached chart)

5. Facility Requirements:

Please select all requirements relating to your event:

Door Of Hope Auditorium - Seating Capacity 800			Qty	
Auditorium Hire		Per day		
BASE RATE. Production Assistants Required				
Small Auditorium - Seating Capacity 200				
Auditorium hire - with production		Per day		
Auditorium hire - base rate only		Per day		
Auditorium hire - base rate half day		Half day		
Kitchen				
Catering as per agreed quote				
Basic Tea & Coffee		Per Trolley		
Full Tea & Coffee		Per Person		
Labour				
Labour - Setup/Pack up - Per Person Per Hour		Per hour		
Technical Duties				
Audio Engineer		Per day		
Lighting Operator		Per day		
Visual system operator		Per day		
Audio visual technician		Per day		
Camera Operators		each Per day		
Meeting and Board Rooms				
White Room (Seating for 20-30 with or without tables)		Per day		
Blue Room (Seating for 10 with or without tables)		Per day		
Red Room (Seating for 10 without tables)		Per day		
Others				
Large TV and VCR		Per day		
Mackie Vocal PA		Per day		
Events with more than 50 people require fire wardens at extra cost				

6. Miscellaneous Information:

Please list any further requirements you may have that have not been mentioned above: e.g. other equipment that you require.

1 Name of Insurance Company (if applicable):

2 Billing Information:

Final invoice and reconciliation should be sent to:			
Contact:		Position:	
Address:			
Phone:		Fax:	

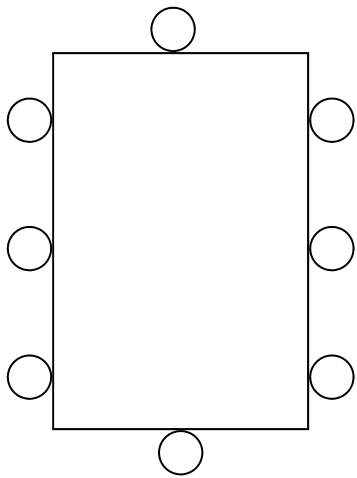
Thank you for the time and effort that you have taken to complete this questionnaire. We will work very hard to ensure the most successful outcome of your event.

Questionnaire Prepared By:		Date:	
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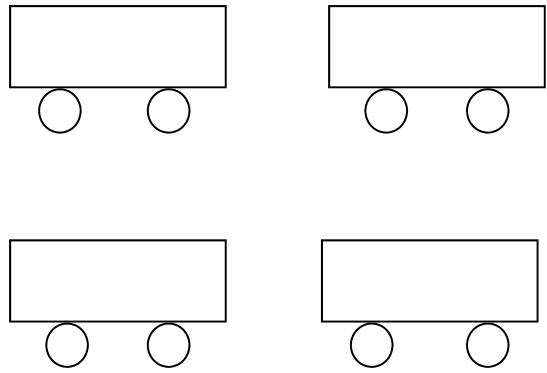
If you require any help filling out this form, please email bookings@door-of-hope.org
Please fill in the form and save it to a word file Fax completed form to: 03 6344 9450 or email completed form to: bookings@door-of-hope.org

Room Layout Styles

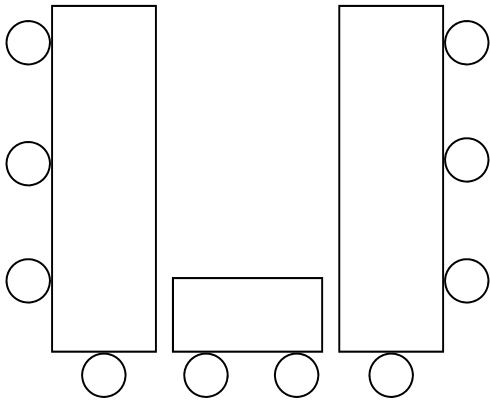
Boardroom



Classroom



U Shape



Theatre Style

