

HIRE OF FACILITIES

Expression of Interest

Please email the completed EOI to BM@smithfieldshs.eq.edu.au

Name of Organisation:	
Your Name:	Position:
Address:	
Contact number:	Email:
Preferred Facility:	
Purpose:	
Start Date:	End Date:
Preferred day/s	
& tille/5.	Please add preferred day/s and time/s; please include AM and/or PM

Please note:

- A formal Hire Agreement (*Department of Education template*) must be signed by both parties to secure access to our facilities
- The Hire Agreement end date (*Termination Date*) will be limited to the period of insurance, as noted on your Public Liability Insurance policy end date
- a copy of your CURRENT PUBLIC LIABILITY INSURANCE (to the value of \$20 millon) must be provided and will form part of the Hire Agreement.







