

# BALLYMORE

## BOOKING FORM

Booking No:

Direct lines for enquiries  
 p: 07 3354 9319  
 f: 07 3354 9363  
 e: events@qru.com.au

Please forward completed forms to: events@qru.com.au or fax 07 3354 9363. You will be contacted within 10 working days to confirm your booking.

### Section 1

### EVENT DETAILS

#### Part 1.1 - Please fill in event details

Event name:

Date(s):

Time(s):

Description:

Setup date:  Setup time:  Packdown date:  Packdown time:

Contact name:  Phone (W):

Expected attendance:  Phone (M):

Ticketed:  YES  NO

Media :  YES  NO

Additional information:

Special instructions:

### Section 2

### FUNCTION ROOM REQUIREMENTS

#### PART 2.1 - Please indicate which function room(s) you require & details if applicable

AREA	SEATED CAPACITY	STANDING CAPACITY	TIMES	DETAILS ( e.g. post match function )
Bundy Bar	NA	350	to	
Burnett Bar	NA	250	to	
Creebank	350	450	to	
Fitzgerald Bar	NA	200	to	
Nth Deck Bar	100	200	to	
Reds Bar	150	250	to	

**PART 2.2 - Please indicate your requirements & details if applicable**

STAGE      Size:   
 Location:

LECTURN      Signage:   
 Location:

MICROPHONE       Lecturn      QTY:   
 Hand Held      QTY:

TABLES       1.8m Trestle      QTY:   
 2.4m Trestle      QTY:

CHAIRS       Garden (plastic)      QTY:   
 Padded      QTY:

OTHER

**Section 3 FIELD REQUIREMENTS**

**PART 3.1 - Please indicate which field(s) you require & details if applicable**

F1, F2 or F3	DATE	TIMES	ACTIVITY ( e.g. RUGBY MATCH )	DETAILS ( e.g. EASTS VS. WESTS)
		to		
		to		
		to		
		to		
		to		
		to		
		to		
		to		
		to		
		to		

## PART 3.2 - Please indicate your requirements if applicable

- STAFFING:
- Match Manager (\$60/hour)
  - Referees (\$100/game)
  - 4 Ball Persons (\$100/game)
  - Venue Coordinator (\$35/hour)
  - Doctor (\$125/hour weekends) (\$250/hour weekdays)
  - Medical Room Coordinator (\$35/hour)
  - Ground Announcer / Time Keeper (on quote)

- EQUIPMENT:
- Scrum Machine
  - Tackle Bags
  - Hit Shields
  - Marker Cones
  - Additional information:

- STADIUM SERVICES:
- Lights (\$50/hour)
  - Security
  - Rubbish Bins
  - Additional information:

### Section 4

## CATERING

### PART 4.1 - Public Catering

AREA	TYPE	TIME	ADDITIONAL INFORMATION
Outlet 1	Food	to	
Burnett Bar	Beverage	to	
Reds Bar	Food & Beverage	to	
Fitzgerald Bar	Beverage	to	

### PART 4.1.2 - For multiple bookings please list dates & times below if applicable

AREA:	<input style="width: 200px;" type="text"/>	DATE # 1:	<input style="width: 100px;" type="text"/>	Start:	<input style="width: 100px;" type="text"/>	Finish:	<input style="width: 100px;" type="text"/>
AREA:	<input style="width: 200px;" type="text"/>	DATE # 2:	<input style="width: 100px;" type="text"/>	Start:	<input style="width: 100px;" type="text"/>	Finish:	<input style="width: 100px;" type="text"/>
AREA:	<input style="width: 200px;" type="text"/>	DATE # 3:	<input style="width: 100px;" type="text"/>	Start:	<input style="width: 100px;" type="text"/>	Finish:	<input style="width: 100px;" type="text"/>
AREA:	<input style="width: 200px;" type="text"/>	DATE # 4:	<input style="width: 100px;" type="text"/>	Start:	<input style="width: 100px;" type="text"/>	Finish:	<input style="width: 100px;" type="text"/>
AREA:	<input style="width: 200px;" type="text"/>	DATE # 5:	<input style="width: 100px;" type="text"/>	Start:	<input style="width: 100px;" type="text"/>	Finish:	<input style="width: 100px;" type="text"/>

### PART 4.2 - Rugby Catering

AREA	LOCATION	DELIVERY TIME	DETAILS
Home Team			
Away Team			
Referees			
Ball Persons			
Ground Announcer			
Scoreboard Operator			
Media			
Medical Room			

## Section 5

## PUBLIC LIABILITY

All external persons, organisations or groups hiring Ballymore facilities must produce a Certificate of Currency for a current Public Liability Insurance Policy. The policy must provide cover for an insured amount of not less than \$20 million and indemnify the QRU in respect to any claims for personal injury or property brought about by the hirer's negligence. This evidence must be produced before the venue hire is confirmed.

## Section 6

## BILLING DETAILS

### PART 5.1 - Please fill in your billing details

ABN Number:

Contact For Billing:

Postal Address:

PH:

Mobile:

Fax:

Email:

APPLICANT'S SIGNATURE:

DATE:

## OFFICE USE ONLY

Date Received:

Public Liability Received:  YES

NO

Date Received:

Application Approved:  YES

NO

If No, Why?:

Authorized by:

Date:

Signature:

Invoice No:

Invoice Sent:  YES

NO

Date:

Confirmation Email Sent:  YES

NO

Date: