



## HALLS AND FACILITIES SURVEY

Community Information Services (LMOO), Locked Bag 72, SCMC, Nambour, 4560.  
Phone: 07 – 5475 8925 Fax: 07 – 5475 8959  
Email: [cis@sunshinecoast.qld.gov.au](mailto:cis@sunshinecoast.qld.gov.au); WEB: [www.sunshinecoastcis.qld.gov.au](http://www.sunshinecoastcis.qld.gov.au)

### 1. Full Name of Organisation/Hall/Clubhouse

### 2. Available for Public Hire? Yes / No

### 3. Name(s) of Contact Person(s)

1 <sup>st</sup> Contact
Phone:
2 <sup>nd</sup> Contact
Phone:
Fax:
Email Address:

### 4. Location Address of Hall/Clubhouse

No. & Street
Town/Suburb/Postcode

### 5. Facilities (please nominate seating capacity and then tick (✓)/circle other boxes where appropriate)

Seating Capacity Number:	Licensed Premises <input type="checkbox"/>	TV/Video <input type="checkbox"/>
Kitchen Facilities <input type="checkbox"/>	Stage <input type="checkbox"/>	Car parking Facilities <input type="checkbox"/>
Cutlery <input type="checkbox"/> Crockery <input type="checkbox"/> Tables <input type="checkbox"/> Chairs <input type="checkbox"/>	Lighting Equipment <input type="checkbox"/> /Sound Equipment <input type="checkbox"/>	Whiteboard <input type="checkbox"/> Overhead Projector <input type="checkbox"/>
Public Telephone Yes <input type="checkbox"/> No <input type="checkbox"/> (If no distance to closest public telephone box):		

### 6. Rental Charges/Hire Fees – Per Hour & Per Day


### 7. Disabled Persons Access/Toilet Facilities Yes No

### 8. I understand that the above details are available to the public.

(Signature) .....

Name of Person completing this form:  
Mr/Mrs/Ms

.....

Date: ..... Thank you for your assistance.