

Warners Bay Theatre Hire Application 2023

Form Preview

1. Hirer Details

* indicates a required field

Organisation Details

Organisation Name *

Contact Name *

Phone *

Email *

Address *

Number, street, suburb, postcode

If you know your booking reference number, please add it here:

Does the organisation hold not for profit status? *

☐ Yes

☐ No

Attach proof of not for profit status *

Attach a file:

Have you/your organisation used this venue previously? *

☐ Yes

☐ No

What was the date of your last booking? *

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2. About Your Booking - Warners Bay Theatre

* indicates a required field

Production Details

Booking Type *

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Dance | <input type="checkbox"/> Film Presentation | <input type="checkbox"/> Event |
| <input type="checkbox"/> Music | <input type="checkbox"/> Workshop/Seminar | <input type="checkbox"/> Function or Wedding |
| <input type="checkbox"/> Theatre | <input type="checkbox"/> Conference | <input type="checkbox"/> Other: <input type="text"/> |

Booking Title/Name *

example "Gala Event" or "Final Year Performance", Conference/ production/ performance name

Hire Date(s) *

If consecutive days, please enter date range

Hire start time *

The time you require access to the building

Hire end time *

The time you will leave the building after pack up

Please provide a brief schedule, including entry, set up, rehearsal/performance, bump out and exit times each day. *

Please provide the start and end time you want access to the building. This information is used to set alarm code activation times and calculate your invoice. NB Access codes will only be active for 15 minutes before and after your indicated start and end times, so please provide accurate information.

Do you have additional bookings in the next 4 months? *

- ☐ Yes
☐ No

Please provide additional dates and required access times *

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Attendees

Number of performers/ staff/ volunteers per day *

Note: Capacity of up to 60 performers backstage at any one time.

Anticipated audience numbers per day *

Maximum capacity seated in the venue is 296.

Who is your target audience?

- | | |
|--|--|
| <input type="checkbox"/> Children (Under 12) | <input type="checkbox"/> Older persons (Over 55) |
| <input type="checkbox"/> Youth (12 - 24) | <input type="checkbox"/> Families |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Other: <div></div> |

Do you give consent for your details to be provided to the public for enquiries regarding your production? *

- ☐ Yes ☐ No

Who is the best contact for enquiries? *

Contact Name *

Contact phone and/or email *

Are tickets to this event available for purchase? *

- ☐ Yes ☐ No

How will the tickets be sold? *

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3. Equipment and Technical: Warners Bay Theatre

* indicates a required field

Venue Details

Area of use *

- ☐ Foyer & kitchen only
- ☐ Entire Venue
- ☐ Sound Studio

Meeting Room unavailable until further notice

Hire equipment required:

- | | |
|---|--|
| <input type="checkbox"/> Data projector / screen / HDMI cable | <input type="checkbox"/> Mobile bar/ticketing desk |
| <input type="checkbox"/> Microphone(s) - wireless | <input type="checkbox"/> Upright Piano (floor use only) |
| <input type="checkbox"/> Microphone - wired | <input type="checkbox"/> Grand Piano (Yamaha) (stage use only) |
| <input type="checkbox"/> Microphone stand | <input type="checkbox"/> Event Clean |
| <input type="checkbox"/> Lectern (with microphone and light) | <input type="checkbox"/> LMCC Approved Technician |
| <input type="checkbox"/> Yamaha TF1 Audio Console | <input type="checkbox"/> Black/grey reversible Harlequin dance floor |
| <input type="checkbox"/> Zero 88 Lighting Console | <input type="checkbox"/> Other: <input type="text"/> |

Event Clean can be provided by professional cleaners during, or at the conclusion of your hire period rather than conducting cleaning yourself.

Note:

- There is a hire fee per item- see [Council's Fees and Charges](#) - Lighting and Audio Console can only be used by an approved LMCC operator.

Other equipment available for use:

- | | |
|---|---|
| <input type="checkbox"/> Preset lighting system | <input type="checkbox"/> Orchestra chairs (35) |
| <input type="checkbox"/> Audio playback (Aux cable) | <input type="checkbox"/> Ladder |
| <input type="checkbox"/> CD Player | <input type="checkbox"/> Foyer TV |
| <input type="checkbox"/> Blu-ray/DVD player | <input type="checkbox"/> Round trestle tables (1500mm) (10) |
| <input type="checkbox"/> Foldback Speakers (2) | <input type="checkbox"/> Whiteboard on stand |
| <input type="checkbox"/> Rectangle flip tables (10) | <input type="checkbox"/> Shot bags (8) |
| <input type="checkbox"/> Rubber safety mats (3) | <input type="checkbox"/> Other: <input type="text"/> |

No fees apply

Please list quantities of furniture items, if required:

How many microphones and for what use? *

Please specify what type and use eg wireless, vocalist etc. NB: 3 wireless; 1 corded available at any one time

Company/Technician name that will be operating the sound and/or lighting console *

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Technician name *

If technician is not LMCC approved, they will need to attend an induction.

Event Activities- will the event:

Install additional sound/lighting equipment/structures? *

☐ Yes

☐ No

Details of the the additional equipment/structures: *

Ensure this is addressed in the risk assessment

Who will be conducting the installation? *

Hang backdrops/props from above? *

☐ Yes

☐ No

Where do you intend to hang backdrops/props from? *

Ensure this is addressed in the risk assessment

Reproduce music (not originals)? *

☐ Yes

☐ No

Please upload your OneMusic Licence

Attach a file:

Previously APRA

Use the Orchestra pit? *

☐ Yes

☐ No

Ensure this is addressed in the risk assessment

Use the stage accessible lift? *

☐ Yes

☐ No

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Key and induction is provided for use when requested

Use theatrical smoke/special effects? *

☐ Yes ☐ No
Additional costs apply- quote upon request

Date and times of smoke alarm isolation required *

A quote will be obtained based on this information

Sell or supply food to performers/attendees? *

☐ Yes ☐ No

What sort of food will you be providing? *

A Food Handling Certificate may be requested. If you have an existing one, please attach it here.

Attach a file:

Not required if the organisation is not for profit

Sell or supply alcohol to performers/ attendees? *

☐ Yes ☐ No

Note: All staff/volunteers serving alcohol require current RSA certification

Please upload your Liquor Licence *

Attach a file:

4. Security, Terms and Conditions - Warners Bay Theatre

* indicates a required field

Security Code

You will be allocated a one off security code to access the theatre - details on venue access are outlined in the Operation Manual and during your venue induction.

Please indicate if you would like the team to email or text this code to you in the week leading up to your booking.

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Email address or mobile number *

Terms of Use

Please read the [Lake Mac Theatres Terms of Use](#) on Council's website to ensure you understand your obligations while using the venue.

I have read the Terms of Use for Warners Bay Theatre *

☐ Yes

Single Use Plastics ban

Plastic single-use straws, stirrers, cutlery, plates, bowls, and expanded polystyrene food containers can no longer be supplied in NSW.

Please refer to the [NSW plastics ban website](#) for more information.

All enquiries about the bans should be directed through the EPA's [plastics ban contact page](#).

I have read and agree to comply with the NSW plastics ban. *

☐ Yes

Operation Manual and Induction

Please refer to the [Operating Manual](#) for detail on the operation of all equipment, services and access to the venue.

This will assist planning for your hire, including understanding your obligations for hiring the theatre; what additional equipment you may require; and what questions you may have for your technician.

Make this document accessible to your group during your hire period by saving a copy to your device, and ensure to reread prior to accessing the venue.

I have read the Operating Manual for Warners Bay Theatre. *

☐ Yes

I have booked in for an induction (if required)

☐ Yes

☐ No

Inductions are required a minimum of annually, or whenever there is an operational change in the venue. It is recommended you attend an induction if you have not used the venue for over 3 months

Risk Assessment

Please refer to the [Lake Macquarie City Council Risk Assessment - Warners Bay Theatre](#).

This document outlines the identified risks associated with hiring this venue. Ensure you have read and understood the requirements within this risk assessment.

If you identify further risks for your specific event, please complete an additional risk assessment to complement the document provided above.

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I have read and understood the Lake Macquarie City Council Risk Assessment for Warners Bay Theatre. *

☐ Yes

Event Specific Risk assessment completed by applicant

Attach a file:

Required to address any additional risks not covered in the LMCC assessment provided

Insurance

Attach a copy of the organisation's Certificate of Currency for Public Liability Insurance including the following detail:

- **Lake Macquarie City Council listed as an interested party**
- Indemnity limit - Public Liability **(minimum \$20 million)**
- Liability insurer's name/s
- Name of insured
- Business or profession of insured detailed on policy
- Situation at risk
- Period of insurance

Certificate of Currency *

Attach a file:

To aid efficient processing of your application, please carefully check your certificate includes ALL the details listed above before submitting.

Next Steps

- Complete the final page of your application and press submit. A Council Officer will be notified of your application and begin to process against the venue booking.
- Prompt submission is appreciated. Applications will be assessed within 10 working days.
- During the assessment review, if there are any questions relating to the application the team will be in contact.
- An invoice will be processed based on the information provided and emailed out for payment prior to the hire date.
- If you require an induction and have not yet booked in to an available session, the team will contact you to arrange a time closer to your booking date.

For more information contact:

Melanie Stanton, Performing Arts Officer

(not available Tuesdays)

(02) 4921 0412

theatres@lakemac.nsw.gov.au

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5. Declaration and Submit

* indicates a required field

Declaration and privacy statement

I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of my organisation/group.

I agree that I will contact Lake Macquarie City Council immediately if any information provided in this application changes or is incorrect.

Lake Macquarie City Council respects all personal and confidential information received and will do everything possible to protect information from unauthorised access, loss or misuse. Information collected from you is required for the delivery of the services in accordance with the Trustees'/Directors' powers, functions and purposes. It may also be used by the Trustees/Directors and their representatives to conduct research and customer satisfaction surveys so that we may better understand community needs and can improve service delivery. Should you need to change or access your personal details, please contact Council's Events Team at **theatres@lakemac.nsw.gov.au** or call **(02) 4921 0534**.

I understand that the information above will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge.

I am authorised to complete this application and have read and understood the declaration and privacy statement *

☐ Yes

Authorised Person's Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position held *

Date of declaration *

Feedback

You are now nearing the end of this form. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found this application process

How many minutes in total did it take you to complete this form?

Must be a number.

Estimate in minutes (i.e. 1 hour = 60)

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Please provide us with your suggestions about any improvements and/or additions to this form that you think we need to consider: