



EXPRESSION OF INTEREST HIRE OF CONNECT@KENWICK FACILITY

Organisation Details	
Name of your organisation:	
ABN (if applicable):	
Street address:	
Postal address (if different to street address):	
Full name of the responsible person/s:	
Position/s held in organisation:	
Email address:	
Phone number:	
Does your organisation have Public Liability Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide a copy when returning this completed form.	



Confirmation

I agree the booking details above are tentative until confirmed by the City of Gosnells.

Yes

Signed _____

Date _____

Please return to community@gosnells.wa.gov.au