## 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 □	No □		
Please provide a copy when returning this completed form.				

Booking Details (if you are planning multiple programs, please add all details)				
Name of activity or program/s:				
Please explain how the proposed services and/or activities will benefit the City of Gosnells community:				
Total estimated number of City of Gosnells residents that will benefit:				
Preferred day/s:	□ Monday □ Thursday	□ Tuesday □ Friday	□ Wednesday □ Saturday	□ Sunday
Preferred time/s:				
Facility operating hours, 8.00am to 10.00pm, seven days a week.				
Frequency of activity or program/s (daily, weekly, fortnightly, monthly, school term):				
If multiple bookings apply, please detail all.				
What date would you like to commence your activity or program/s?				
Will you require on site storage?	Yes □		No □	
If yes, detail type and number of items:				

## Confirmation

Gosnells.	tative until confirmed by the City of
Yes □	
Ciarra d	Dete
Signed	Date

Please return to <a href="mailto:community@gosnells.wa.gov.au">community@gosnells.wa.gov.au</a>