

Kirra Hill Art Gallery Booking Agreement

Please use **BLOCK LETTERS** and complete all details in full.

Council of the City of Gold Coast
 ABN 84 858 548 460
 PO Box 5042 GCMC Qld 9729
 P (07) 5581 1964
 E kirrahill@goldcoast.qld.gov.au
 W cityofgoldcoast.com.au

Applicant details

Organisation name:

Contact name:

Contact address:

Contact phone:

Day:

Mob:

Contact email:

Booking Details

Dates of use:

(Contact venue manager to confirm available dates – (07) 5581 1964)

 to

Exhibition Opening:

If you are planning an opening function, please indicate the date and time below.

Date:

Time:

(Please tick) Gallery opening events to incur a fee and your requirements for the function has to be arranged in advance with the venue manager

(Please tick) I am aware that when any private functions take place that require the whole site that public access to the gallery will not be possible

Title or theme of exhibition:

Number of artworks:

(Note: Users are responsible for providing plinths for displays, if required)

Venue space:

My exhibition is using (please tick)

The Gallery

Other - Please Specify

Names of all participating artists:

Signature of applicant

I, _____ as the duly authorised agent of _____

being the person authorised to sign this agreement on behalf of the exhibiting organisation/group, hereby state, that I have read and understood the Kirra Hill Art Gallery Standard terms, conditions and guidelines for use and agree to abide by the stated conditions.

Signature: _____

Full name: _____

Position: _____

Organisation: _____

Please print name (electronic copies only): _____ Date: _____