QPT03

TRIM Reference:



PART 1: ORGANISATION AND CONTACT DETAILS						
Organisation/Hirer:						
Contact Person:						
Address:						
Phone Number:						
Mobile Number:	ABN:					
Email Address:						
PART 2: BANKING DETAILS						
Account Name:						
BSB:	Account Number:					
PART 3: EVENT DETAILS						
Name of Show/Performance:						
Nature of Show/Performance/Function:						
PART 4: VENUE HIRE						
Main Theatre & Auditorium Includes Dressing Rooms, Green Room & Laundry QPT Seating Plan						
Single Room/Area Please select one option below QPT Rooms for Hire						
Upper Foyer	☐ Lower Foyer					
Mezzanine	☐ Stage Area Only					
Outdoor Amphitheatre						

QPT APPLICATION FOR HIRE



PART 5: PERFORMANCE DETAILS

Date	Bump In	Sound Check	Show Start Time	Interval	Show Finish Time	Exit Building
Other Inforr	nation: Reheal	rsals or Technical	Rehearsals days	or extra days		
PART 6: T	ECHNICAL	_ INFORMA	ATION			
PART 6: T	ECHNICAL act details to		ATION			
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PART 6: To Provide contact Per Mobile Num Email Addresser PART 7: For you are Profession you per Are you Profession PART 8: No Standard set up	ECHNICAL act details to rson: aber: ess: cal Specificat ILMING sionally Filming, a mit Photograp fessionally F	ions there is a live perforby and Filming?	ATION Innical Require Formance fee chaing?	ements rged. Yes		

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	Γ 9: TICKET DETAILS		
Billing	g to appear on Ticket:		
Name	e of Show/Performance:		
On Sa	ale Date:		
he foll	owing prices should include all booking fees an	d GST.	
TICK	ET SELLING PRICE TO PATRONS		
1	ADULT/FULL PRICE	\$	
2	EARLY BIRD	•	
	Specify Cut-off Date:	\$	
3	CONCESSIONS		
	Please tick Concessions available:		
	☐ Pensioner		
	☐ Seniors Card	\$	
	☐ Health Care Card		
	☐ Full Time Student (over 18 years)		
	☐ Other, specify:		
4	FRIENDS OF THE QPT	\$	
5	GROUP PRICE	Φ	
	Specify Group Size:	\$	
6	FAMILY 4 Tickets	\$	
7	CHILDREN/STUDENTS Under 18 years		
	Please Specify:	\$	
8	OTHER	•	
•	Please Specify:	\$	

PART 11: CONDITIONS OF HIRE

I/we have received, read and understood the Conditions of Hire for the Queens Park Theatre. Should the above-mentioned booking be approved, I/we agree in all respects to comply with and abide by the Conditions of Hire for the Queens Park Theatre (QPT). Conditions of Hire

Signature:	Date:					
OFFICE USE						
Received on behalf of the City of Greater Geraldton by:						
Approved:	☐ Yes ☐ No					
Trim Reference:						
DEPOSIT						
\$	Invoice for deposit will be issued to hirer. No booking will be confirmed until payment of the deposit has been received.					
Officers Signature:						

QPT BOX OFFICE DETAILS

Street Address
QPT Box Office
75 Cathedral Avenue
GERALDTON WA 6530

Telephone Number (08) 9956 6662

Postal Address
QPT Box Office
PO Box 101
GERALDTON WA 6530

Email Address qpt@cgg.wa.gov.au