



ACTION DRAMA STUDIO
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SPACE HIRE ENQUIRY FORM

NAME:

ORGANISATION

ADDRESS:

CONTACT NUMBER:

EMAIL ADDRESS:

PURPOSE OF USE:

NATURE OF ACTIVITY:

NUMBER OF PEOPLE ATTENDING:

DAYS AND DATES REQUIRED:

TIME SPACE IS REQUIRED:

DO YOU/ORGANISATION HAVE PUBLIC LIABILITY INSURANCE?

YES/NO

*If the answer was **YES**, please attach your full plan to your final email.*

DO YOU/ORGANISATION HAVE A COVID SAFE PLAN?

YES/NO

*If the answer was **YES**, please attach your full plan to your final email.*

SIGNED & DATED:

Please email your form along with additional documents to info@actiondramastudio.com.au