

Farrer Memorial Agricultural High School

Principal: Steve Cavanagh
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Enrolments and Publicity:
 Phone:

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Hire of Facilities Agreement

Name of Visiting Organisation/Club

Phone: _____ Fax: _____ Email: _____

Name/Description of the Program/Event

Starting Date/Time _____ **Finishing Date/Time** _____

Participants	Girls	Min	Max	Age Range
	Boys	Min	Max	Age Range
	Staff	Min	Max	

Visiting Staff Contact Person _____ **Mobile Phone** _____

Facilities Required (please circle)

Ovals 1 2 3 4 5 6	Cricket Nets	Hall (SMC)
Gym (MKC)	Weights Room	Refectory
POOL (accredited supervisor)		Other

Meals

First meal (when/day)	Last meal (when/day)
Breakfast _____ days @ _____	_____ people
Lunch _____ days @ _____	_____ people
Dinner _____ days @ _____	_____ people

Additional meal instructions/requirements:

Accommodation

Number of nights	First Night (date)	Last Night (date)
Number of beds required	Boys	Girls
		Staff

Description of requirements/bed arrangements

Dormitories to be used (please write dorm numbers)

Northcott:
 Gosling:
 Old Bricks:
 Wetherell:

Farrer Coordinator (during the camp) _____ **Phone** _____

Security Arrangements

Parking Arrangements/Requirements:

Additional Information, eg: arrival time, entertainment, special needs, medical requirements, laundry, travel

Costings

Item	Number	Proposed Cost	Actual Cost
Venue Hire			
Accommodation @ \$ p.p			
Meals			
Security Fee			
Bond			
Extras			
GST			
Total			\$

Requested By (print and sign name) _____ **Date** _____

Approved By (print and sign name) _____ (Farrer MAHS) **Date** _____

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Office Use Only

Distribution List

Staff	Signed	Comment
Principal		
DP Day		
DP Boarding		
Services Manager		
Admin		
Promotions		
Maintenance		
Cleaning		
Residents		
Sick Bay		
Coordinator		
Other:		

Planning Notes: