

## **After Hours Access Request**

<b>Applicant Details</b>				
Surname		Given Name(s)		
Email			Phone	
Student Number		or Staff Number		
Time and Date				
From Date (DDMMYY)		To Date (DDMMYY)		
From Time (HHMM – 24hr)		To Time (HHMM – 24hr)		
Please complete either one of the General Access or the Club CCZ Access only.				
General Access Detail				
Venue to Access				
Approval  Please note that only the Guild President, Guild Secretary, Guild Managing Director, or any of their delegates in their absence are able to approve this request. Requests signed off by other individuals will be considered not approved.				
Name				
Signed		Date (DDM	MYYY)	
Club CCZ Access Club Details				
Your Club				
Your Position				
Approval  Please note that only the Societies Council President or Executive Committee members in addition to the approvers listed in the General Access section, or any of their delegates in their absence are able to approve this request. Requests signed off by other individuals can be considered not approved.				
Name				
Signed		Date (DDM	MYYY)	

## **Leaving the Venue**

Upon vacating the venue, the applicant must ensure that:

- 1. All lockable items and doors are locked.
- 2. Furniture is returned to the original layout.
- 3. The floors and furniture are clean from any mess.

Declaration		
		nt name) have read and agree to the conditions of use for the room only during the time allocated above, and w
	I am responsible for any other persons loss, damage, or theft that may occur	s who I allow into the venue during this time, and that I a r during my occupancy of the venue.
Signed		Date (DDMMYYY)
		PPROVED AND SIGNED FORMS TO OR THE GUILD FINANCE COUNTER
	OFFICE I	USE ONLY
SD Reference		
Notes		
Received		Dracessed
Received		Processed