

Event Notification Form

This form is to be completed by an event organiser and submitted to Barristers' Chambers Limited (BCL) General Manager - Property no later than seven (7) days prior to the date of the event.

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|--|---------|------------------------------|--|
| Event description: | | | |
| Host name: | | | |
| Event location (specific area): | | | |
| Proposed start date: | | Proposed start time: | |
| Proposed finish date: | | Proposed finish time: | |
| Estimated number of guests: | | | |
| Organiser contact name: | | | |
| Organiser contact details: | [Phone] | [Email] | |

Checklist

| | | |
|--|----------------------------|----------------------------|
| Will alcohol be available to guests? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Will food be available to guests? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Is the host aware of the emergency evacuation procedures of the specific BCL space? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Will a BCL tenant or employee be in attendance for the event duration? If yes, provide name and contact details below. | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Will other areas of BCL property be entered by guests (other than that used for the event)? If yes, provide details below. | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Does the event organiser accept responsibility for property damage caused by guests? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Has building security been advised of the event? | Y <input type="checkbox"/> | N <input type="checkbox"/> |

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| Name of BCL tenant/employee who will be representative during event (if different from host or organiser above): | |
| Contact phone number: | |
| BCL property areas to be entered by guests (other than event space): | |

Event set up

| | | | | | |
|--|--|---------------------------|--|----------------------------|--|
| Set up date: | | Set up start time: | | Set up finish time: | |
| Set up plan (e.g. how decorations are to be hung/arranged, furniture rearrangement, refreshments, etc.) | | | | | |



Event Notification Form

Event pack up

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|--|--|----------------------------|--|-----------------------------|--|
| Pack up date: | | Pack up start time: | | Pack up finish time: | |
| Set up plan (e.g. how decorations are to be removed, waste removal furniture rearrangement, etc.) | | | | | |

BCL approval

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|--|--|
| BCL additional requirements (e.g. additional security, cleaning, emergency management etc.) | |
| BCL approved by: | |
| Signature: | |
| Approved date: | |

