****

**HOST A WORKSHOP**Expression of Interest form

|  |  |
| --- | --- |
| Name |  |
| Phone |  |
| Email |  |

Please describe your proposed workshop

|  |
| --- |
|  |

Who would your workshop be for?  
eg. Children, Artists, Writers

|  |
| --- |
|  |

|  |  |
| --- | --- |
| How many participants can attend?  (Your venue will depend on space required. A small venue fee applies for some venues.) |  |
| What would the cost be per participant?  (Workshop revenue goes to the workshop host) |  |

Does your workshop have an special requirements?  
eg. Space, equipment

|  |
| --- |
|  |

Is there any other information you would like to include?

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Do you have Public Liability and/or Professional Indemnity Insurance? |  |
| Do you have a NSW Working With Children Check? |  |

Please return Expression of Interest form  
by **Friday 26 May 2017** to:

Hay Information Centre   
407 Moppett Street Hay 2711

or email to: [hayvic@hay.nsw.gov.au](mailto:hayvic@hay.nsw.gov.au)