

Agreement form

I hereby agree to abide by the rules and conditions as set out and given to us by Kohia Centre as stated in this Room Booking Policy and the University of Auckland Use of Facilities Terms of Agreement.

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| **The University of Auckland - Authorised Signatory** | **Client - Authorised Signatory** |
| Organisation: Kohia Centre | Organisation: |
| Position/Title: Manager | Position/Title: |
| Print Name: Jillian Shearer-Rowe | Print Name: |
| Signature: | Signature: |
| Date: | Date: |

**Please return this form to the Kohia Centre:**

Email: kohiabookings@auckland.ac.nz

Post: Kohia Centre

 The University of Auckland, Faculty of Education & Social Work

 Private Bag 99946

 Newmarket

 Auckland 1149