

## COUNCIL POOLS BOOKING APPLICATION FORM

### Applicant Details

Name: \_\_\_\_\_  
 Organisation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Booking Details

Event Being Held: \_\_\_\_\_  
 Date(s) Required: \_\_\_\_\_  
 Time(s) Required: Start: \_\_\_\_\_ Finish: \_\_\_\_\_  
 Access Required Before / After Function: YES / NO Time Access Required: \_\_\_\_\_

### Area(s) Required (please tick or check):

Coonamble 50m Pool <input type="checkbox"/>	No. of lanes required _____	Coonamble 25m Pool <input type="checkbox"/>	No. of lanes required _____
Coonamble Swim Club Room <input type="checkbox"/>	Gulargambone Pool <input type="checkbox"/>	Other: _____	

### Other Requirements:

Showers <input type="checkbox"/>	Toilets <input type="checkbox"/>	Barbecue <input type="checkbox"/>	Lights <input type="checkbox"/>
Learn to Swim <input type="checkbox"/>	Coaching <input type="checkbox"/>	Other: _____	

#### NOTE:

- If doors/windows/gates are left open or unlocked after use, Council may charge applicant a call-out fee.
- If facilities are left unclean or damaged after use, Council will clean at applicant's cost

On behalf of myself or the organisation for whom I am making this booking, I acknowledge that the requested facility is an asset shared with other organisations and members of the community and, therefore, agree to utilise the requested facilities and services within the times specified above, such that no inconvenience is caused to other users. I acknowledge that I, and/or my club and members have no greater privileges in using these shared facilities than any other user.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR OFFICE USE

Date: _____	Event added to Calendar <input type="checkbox"/>	Register <input type="checkbox"/>	Security Deposit: \$ _____
Invoiced <input type="checkbox"/>	Paid <input type="checkbox"/>	Invoice No: _____	Date Paid: _____ Invoice No: _____
Venue Checked <input type="checkbox"/>	Date Checked: _____	Return Deposit: Yes <input type="checkbox"/> No <input type="checkbox"/>	Cost of Repairs: \$ _____
Insurance: Yes <input type="checkbox"/> No <input type="checkbox"/>	(Copy is held on file at Council/Copy is attached)		Deposit Refunded <input type="checkbox"/>
Signature: _____			Date: _____