

SHOWGROUND BOOKING APPLICATION FORM

Applicant Details

Name: _____
Organisation: _____
Address: _____
Contact Number: _____
Email: _____

Booking Details

Event Being Held: _____
Facility Required: _____
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):

Pavilion Rodeo Arena Campdraft Chicken Pavilion
Sheep Yard Other: _____

Other Requirements:

Showers Toilets Bar Kitchen
Lights Power* Stables** No. Required: _____
Other: _____

NOTE:

- Meter is read before and after use and charged accordingly.
- If facilities (including stables) are left unclean or damaged after use, Council will clean at applicant's cost
- If doors/windows/gates are left open or unlocked after use, Council may charge applicant a call-out fee.

Bank Details for Deposit Refund

Bank Name: _____
Account Name: _____
BSB: _____
Account Number: _____
Reference: _____

On behalf of 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 my club and members have no greater privileges in using these shared facilities than any other user.

Signature: _____ Date: _____

FOR OFFICE USE

Date: _____ Add Event to Calendar Register Security \$ _____
 Deposit: _____

Invoiced Paid Invoice No: _____ Date Paid: _____ Invoice No: _____
 Return Deposit: Yes No

Venue Checked Date Checked: _____ Cost of Repairs: \$ _____

Insurance: Yes No (Copy is held on file at Council/Copy is attached) Deposit Refunded

Signature: _____ Date: _____

