

SPORTSGROUND BOOKING APPLICATION FORM

Applicant Details

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

Booking Details

Event Being Held: _____
 Sport Being Played: _____
 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):

Coonamble Sportsground Field No. 1 Field No. 3 Field No. 5 Field No. 7
 Field No. 2 Field No. 4 Field No. 6 Field No. 8
 Gulargambone Sportsground Netball Court Smith Park Other: _____

Other Requirements:

Line Marking Lights Shower Toilets
 Canteen Mobile Canteen Bar Power
 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
- Meter is read before and after use and charged accordingly.

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: _____	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: _____

FIELD IDENTIFICATION AT COONAMBLE SPORTSGROUND

