

The information you provide in completing this application/form is considered 'personal information' for the purposes of the *Privacy and Personal Information Protection Act, 1998*. Coonamble Shire Council collects, stores, accesses, uses and discloses any personal Information you provide in order to facilitate services, customer requests and Council business, in accordance with obligations under the *Privacy and Personal Information Protection Act, 1998* and Council's Model Privacy Management Plan. The retention and disposal of your personal information is governed by the Local Government Record-Keeping Rule GA39. Council takes all reasonable and appropriate steps to protect the privacy of individuals as required by law.

COONAMBLE TENNIS COURTS BOOKING* FORM

* Please note that bookings must be made at least 24 hours before the event or use

Applicant Details	
Applicant Name:	
Organisation:	
Address:	
Contact Number:	
Email:	
Bank Acct Details:* BSB: Acct N	No: Acct Name:
* For refund of deposit, where eligible.	
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):	
Tennis Courts	
Court 1 Court 2	Court 3 Court 4
Other:	
Other Requirements:	
·	
Club House 🗌 Lights 🔲	
Other:	
F2_2	
NOTE:	
If doors/windows/gates are left open or unlocked after use, Council may charge applicant a call-out fee. 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	accoraingly.
On behalf of the organisation for whom I am making this	s booking, I acknowledge that the requested facility is an asset shared with
	d, therefore, agree to utilise the requested facilities and services within the
times specified above, such that no inconvenience is cau	used to other users. I acknowledge that my club and members have no
greater privileges in using these shared facilities than any	ny other user.
Charalter	Date
Signature:	Date:
5	FOR OFFICE USE
Date: Event added to Calendar	
Invoiced Paid Invoice No:	Deposits: \$ Date Paid: Invoice No:
invoiced Faid Invoice No.	
	Return Deposit: Yes No No
Venue Checked Date	If not Cost of Repairs: \$
Checked:	
Insurance: Yes No (Copy is held on file at Counc	cil/Copy is attached) Deposit Refunded
Signature:	Date: