

## 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 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: \_\_\_\_\_

### 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.

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"/>		Registered <input type="checkbox"/>		Security Deposits: \$ _____	
Invoiced <input type="checkbox"/>	Paid <input type="checkbox"/>	Invoice No: _____		Date Paid: _____		Invoice No: _____	
Venue Checked <input type="checkbox"/>		Date _____		Return Deposit: Yes <input type="checkbox"/> No <input type="checkbox"/>		If not 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: _____			