

**APPLICATION FOR USE OF COUNCIL’S PARKS & SPORTING**

FACILITIES

**IMPORTANT:** THE IMFORMATION PROVIDED BY YOU ON THIS FORM WILL BE USED BY GLEN INNES SEVERN SHIRE COUNCIL OR ITS AGENTS IN THE PROCESS OF THIS APPLICATION. THE PROVISION OF THIS INFORMATION IS VOLUNTARY, IF YOU DO NOT PROVIDE THE INFORMATION COUNCIL MAY NOT BE ABLE TO FULLY PROCESS YOUR APPLICATION.

**NOTE:** APPLICATION MUST BE SUBMITTED ONE MONTH PRIOR TO THE DATE OF USE

1. **APPLICANTS INFORMATION**

NAME COMPANY / ORGANISATION

STREET ADDRESS / POSTAL ADDRESS TOWN

STATE POSTCODE

EMAIL ADDRESS PHONE/ MOBILE

1. **BOOKING TIMES AND DATES**

**(Please circle the day and facility to be used and note times required)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | START  TIME | FINISH  TIME | SPORTING  FIELD | PARK |
| MONDAY  ***Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |  |  | KING GEORGE  OVAL | KIND EDAWRD PARK |
| TUESDAY  ***Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |  |  | LYNCH OVAL | ANZAC PARK |
| WEDNESDAY  ***Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |  |  | MEADE PARK | VENESS PARK |
| THURSDAY  ***Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |  |  | WILSON PARK  EAST | LIONS PARK |
| FRIDAY  ***Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |  |  | WILSON PARK  WEST | CENTENNIAL PARK (STANDING STONES) |
| SATURDAY  ***Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |  |  | DEEPWATER OVAL | OTHER  PLEASE NAME |
| SUNDAY  ***Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |  |  | EMMAVILLE OVAL |  |
|  |  |  | ELK PARK |  |

1. **PURPOSE OF USE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **PRE FIELD INSECTION- SEASONAL USERS ONLY**

APPLICANTS ARE REQUIRED TO CONTACT COORINDATOR OF RECREATION AND SPORTING FACCILITI ON 0429 321 195 TO ARRANGE A FIELD INSPECTION BEFORE THE COMMENCEMENT OF THE SEASON

DATE OF PRE- FIELD INSPECTION TIME OF PRE-FIELD INSPECTION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **INSURANCE DETAILS**

POLICY NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSURANCE CERTIFICATE ATTACHED / SENT

YES NO

**THE COVER WILL BE NO LESS THEN 20,000,000**

1. **ADDITIONAL REQUIREMENTS**

DO YOU PROPOSE TO USE TOIETS, SHOWERS, CANTEEN DRESSING SHEDS ETC?

YES NO

ACCESS OPTIONS:

* I ALREADY HAVE KEYS AND CAN ACCESS THE FACILITIES MYSELF

YES NO

* I *DO NOT* HAVE KEYS AND REQUIRE COUNCIL TO UNLOCK THE FACILITIES
* INSIDE COUNCIL HOURS OF MONDAY TO FRIDAY 7.00AM-4.00PM?

YES NO

* I *DO* REQUIRE KEYS FOR USE OUTSIDE COUNCIL HOURS OF MONDAY TO FRIDAY

YES NO

***8.30AM – 4.30PM? PLEASE COMPLETE A KEY RELESE FORM AT THE CHURCH ST OFFICE***

* WILL ALOCHOL BE SOLD OR CONSUMED?

YES NO

***IF YES, HAVE OBTAINED PERMISSION FROM COUNCIL AND THE PERMIT FROM LICENSING COURT NSW?***

YES NO

* WILL THERE BE THE USE OF PA SYSTEMS OR LOUDSPEAKERS?

YES NO

* WILL YOU BE USING THE CANTEEN FACILITY?

YES NO

* WILL YOU BE SELLING FOOD FROM THE CANTEEN FACILITY?

YES NO

* DO YOU REQUIRE TO USE THE FIELDS LIGHTING?

YES NO

TIME ON TIME OFF

* DO YOU REQUIRE FIELD LINE MARKING?

YES NO

***IF NO UNDER NO CIRCUMSTANCES IS LINE MARKING TO BE CARRIED OUT WITH DISTILLATE, OIL, HERBICIDES, WEEDACIDES OR ANY OTHER MATERIAL WHICH STERILIZE THE SOIL OR DAMAGE THE SOIL STRUCTURE PREVENTING THE REGROWTH OF GRASS***

DATE PREFERRED TO BE MARKED BY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* DO YOU REQUIRE GOAL POST TO BE ERECTED?

YES NO

DATE PREFERRED TO ERECTED GOAL POST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **CHECKLIST AND DECLARATION**

**IN SUMBMITING THIS APPLICATION, I ACKNOWLEDGE THAT:**

* **I ACCEPT FULL RESPONSIBILITY FOR REPAIR OR REPLACEMENT OF THE EQUIPMENT IN THE EVENT OF DAMAGE, THEFT OR LOSS DURING MY BOOKING**
* **I UNDERSTAND THAT ANY COST FOR REPLACEMENT, REPAIRING OR CLEANING OF THE FACILITTY MAY BE CHARGED TO ME AS A RESULT OF IMPROPER USE**
* **I AGREE TO RETURN THE FACILITY KEYS AT THE CONCLUSION OF MY BOOKING/SEASON (IF APPLICABLE)**
* **I AGREE TO CONTACT COUNCIL TO REQUEST ADDITIONAL BOOKING DATES/TIME OUTSIDE THOSE LISTED IN THIS APPLICATION**
* **I UNDERSTAND I AM REPONSIBLE FOR PAYMENT OF ALL COSTS INCURRED IN RELATION TO THIS BOOKING**
* **I AGREE FOR THE CLUB’S CONTACT DETAILS TO BE AVAILABLE ON COUNCILS’ WEBSITE, COMMUNITY INFORMATION DIRECTORY AND TO LOCAL RESIDENTS**
* **GAS BOTTLES ARE NOT TO BE STORED IN COUNCIL AMENITIES BUILDING**
* **NO VEHICLE MOTORISED OR OTHER WISE SHALL BE TAKEN ONTO ANY PLAYING SURFACE WITHIN THE AREA WITHOUT AUTHORISATION FROM COUNCIL. THE ONLY EXEMPTION TO THIS PROVISION IS EMERGENCY SERVICE VEHICLES SUCH AS AMBULANCE, POLICE AND FIRE BRIGADE**
* **ANY REQUIED DOCUMENTS NOT PROVIDED WILL DELAY THE PROCESSING OF YOUR APPLICATION**
* **I HAVE ATTACHED A COPY OF MY CLUBS $20MILLION PUBLIC LIABILITY INSURANCE PLOICY**
* **I HAVE COMPLETED THIS APPLICATION IN FULL DETAIL FOR MY CLUB’S EVENT,GAMES, TRANING SCHEDULE (IF APPLICABLE)**
* **I HAVE ATTACHED A COPY OF MY CLUB’S DRAW FOR THE SEASON (IF APPLICABLE)**

IN SIGNING THIS FORM, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PRINT NAME)

ACKNOWLEDGE THAT I HAVE COMPLETED ALL REQIRED IMFORMATION TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF APPLICANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_