

Application for Use of Cessnock City Council Sporting Facilities



Please **print** all details clearly in **BLOCK LETTERS** and tick appropriate boxes.

Name of Organisation: _____

IS ORGANISATION INCORPORATED YES NO

A COPY OF CURRENT PUBLIC LIABILITY INSURANCE ATTACHED YES NO

<i>Number of Teams</i>	<i>Junior</i>	<i>Senior</i>

Contact: _____ Position Held: _____

Address: _____

Suburb: _____ Postcode: _____

Telephone: W _____ H _____ M _____

Fax No. _____ Email _____

Winter Season – 1st Weekend of April – 2nd Weekend of September

Summer Season – 1 Weekend of October – 3rd Weekend of March

Venue / Playing Field _____

Type of Event/Sport Played _____

Number of Fields Required _____

Number Attending Function (approx.) _____ but will not exceed _____

Date of Event: _____ Back up Date (if required) _____

Time: (including set up & clearing time) From: _____ To _____

Additional Requirements: Canteen Toilets Use of Electricity

Sale of Alcohol **Copy of approved Liquor Licence must be attached**

Sale of Food by external vendor **Copy of Public Liability Insurance details**

Erection of Temporary Shelters/equipment **Please supply Council with a sketch of proposed location**

Period of Use: From ___/___/200__ To ___/___/200__ inclusive of training times, etc.

MONDAY	FROM	_____	AM/PM	TO	_____	AM/PM
TUESDAY	FROM	_____	AM/PM	TO	_____	AM/PM
WEDNESDAY	FROM	_____	AM/PM	TO	_____	AM/PM
THURSDAY	FROM	_____	AM/PM	TO	_____	AM/PM
FRIDAY	FROM	_____	AM/PM	TO	_____	AM/PM
SATURDAY	FROM	_____	AM/PM	TO	_____	AM/PM
SUNDAY	FROM	_____	AM/PM	TO	_____	AM/PM

If applicant is part of a sporting group – please supply the following Committee member contacts and tick who is the preferred contact person that can be distributed and made available on Council's website, Community Directory and to general public enquiries.

President	<input type="checkbox"/>	Secretary	<input type="checkbox"/>	Treasurer	<input type="checkbox"/>
Name:	_____	Name:	_____	Name:	_____
Address :	_____ _____	Address :	_____ _____	Address :	_____ _____
Phone :	_____	Phone :	_____	Phone :	_____
Fax :	_____	Fax :	_____	Fax :	_____
Email :	_____	Email :	_____	Email :	_____
Preferred Contact:	<input type="checkbox"/>	Preferred Contact:	<input type="checkbox"/>	Preferred Contact:	<input type="checkbox"/>

I have read the Conditions of Use for Cessnock City Council Sport and Recreation Areas. I agree to abide by and be bound by those conditions and have attached a current Certificate of Currency for Public Liability Insurance to the value of \$10million.

Name: _____ Signature: _____

Position held: _____

Date: _____

Please note that Cessnock City Council accepts no responsibility for any personal injury, loss or damage to any property whatsoever belonging to either the hirer or any other persons attending the function. If you have any enquiries please call Councils Recreation Planner on 49934234.

Please return form to:

The General Manager
Cessnock City Council
P O Box 152
CESSNOCK 2325
Fax: 02 4993 2505
For Attention: Recreation Planner

OFFICE USE ONLY
RECEIPT NUMBER:
DATE:
OFFICER SIGNATURE:
INCOME N^o: 2580.909.928