

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.

SHOWGROUND BOOKING APPLICATION FORM

Applicant Details							
Name:							
Organisation:							
Address:							
Contact Number:							
Email:							
Booking Details							
Event Being Held:							
Facility Required:							
Date(s) Required:							
Time(s) Required:	Sta	Start: Finish:					
· · · · · · ·		re / After Function: YES / NO Time Access Required:					
,	•		•				•
Area(s) Required (pl	ease	tick or che	eck):				
Pavilion			Rodeo Arena		Campdraft		Chicken Pavilion
Sheep Yard		Other:					
Other Requirements	s:						
Showers			Toilets		Bar		Kitchen 🗌
Lights			Power*		Stables**		No. Required:
Other:							
NOTE: • Meter is read before and after use and charged accordingly. • If facilities (including stables) are left unclean or damaged after use, Council will clean at applicant's cost • If doors/windows/gates are left open or unlocked after use, Council may charge applicant a call-out fee.							
Bank Details for Dep	osit I	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:	Add Event to Calendar 🗌	Register 🗌	Security \$ Deposit:				
Invoiced Paid Paid	Invoice No:	Date Paid:	Invoice No: No 🗌				
Venue Checked ☐ D	ate Checked:	Cost of Repairs: \$					
Insurance: Yes _ No _	(Copy is held on file at Council/Cop	oy is attached)	Deposit Refunded 🗌				
Signature:		Dat	e:				

