

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.

SPORTSGROUND BOOKING APPLICATION FORM

Applicant Details	,										
Name:											
Organisation:											
Address:	'										
Contact Number:											
Email:	-										
Booking Details											
Event Being Held:											
Sport Being Played:	'										
Facility Required:											
Date(s) Required:	-										
Time(s) Required:	Start	••				Finish:					
Access Required Bef			s / NO				.ccess Requi	red:			
Access Required Der	oic / A	iter runction. TE	3 / NO		-	Tillic A	icccss negai	icu.			
Area(s) Required (p	lease ti	ck or check):									
Coonamble	Ш	Field No. 1			ield No. 3		Field No. 5			d No. 7	\sqcup
Sportsground		Field No. 2		F	ield No. 4		Field No. 6	Ш	Fiel	d No. 8	
	_		_								
Gulargambone	Ш	Netball Court	Ш								
Sportsground		Smith Park				Other:					
Other Demissers											
Other Requirement	S :										
Line Marking			Lights			Shower	. 🗌	To	ilets [
									г	_	
Canteen		Mobile Ca	nteen			Bar		Po	wer [
Other:											
NOTE:											
NOTE: • If doors/window	us /aates	are left open or unic	ocked aft	oruco I	Council may	, charae a	annlicant a cal	Lout fee			
=	_	ran or damaged after	-		-	_		r-out jee.			
	-	d after use and char <u>c</u>			r cieuri at aj	орпсин з	COST				
- Wicter is read b	ejore am	a ajter ase ana enarg	ged decoi	anigiy.							
Bank Details for Dep	oosit Re	efund									
Bank Name:											
Account Name:											
BSB:											
Account Number:											
Reference:											
nererence.											
On behalf of the organisati	on for wh	nom I am making this bo	ooking, I a	acknowle	edge that the	requested	d facility is an as	set share	d with oth	ner	
organisations and member	s of the c	ommunity and therefore	re, agree	to utilise	e the request	od facilitie	es and services i	within the	times sno	ecified abo	ove,
			_								
such that no inconvenience	e is cause		_								
such that no inconvenience facilities than any other use	e is cause		_								



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.

FOR OFFICE USE								
Date:	Event added to Calendar	Register 🗌	Security					
			Deposit: \$					
Invoiced Paid P	Invoice No:	Date Paid:	Invoice No:					
		Return Deposit: Yes						
Venue Checked 🗌	Date Checked:	Cost of Repairs: \$						
Insurance: Yes 🔲 No 🗌	(Copy is held on file at Council/Co	Deposit Refunded						
Signature:	(.,	Date:					

