

## Facility Details

**Name of Facility** \_\_\_\_\_

**Address/Location** \_\_\_\_\_

**Type of Facility**     Recreation Reserve     Hall     Park     Pool    Other: \_\_\_\_\_

## User Details

**Organisation Name** \_\_\_\_\_

**Postal Address** \_\_\_\_\_

**Website** \_\_\_\_\_

## Affiliated Association/League

**Name** \_\_\_\_\_

**Association Secretary** \_\_\_\_\_

**Postal Address** \_\_\_\_\_

**Phone** \_\_\_\_\_    **Mobile** \_\_\_\_\_

**Email** \_\_\_\_\_    **Fax** \_\_\_\_\_

## Details of Use

**Period of Use**     Summer Season     Winter Season     School Term     Other: \_\_\_\_\_

**Purpose of Use:** \_\_\_\_\_ *(i.e. football/netball, training, school sports)*

**Training**     Mon     Tues     Wed     Thurs     Fri     Sat     Sun

**Dates:**    Start Date: \_\_\_\_\_    Finish Date: \_\_\_\_\_

**Times:**    From: \_\_\_\_\_ am/pm    To: \_\_\_\_\_ am/pm

**Competition**     Mon     Tues     Wed     Thurs     Fri     Sat     Sun

**Dates:**    Start Date: \_\_\_\_\_    Finish Date: \_\_\_\_\_

**Times:**    From: \_\_\_\_\_ am/pm    To: \_\_\_\_\_ am/pm

**School Use**     Mon     Tues     Wed     Thurs     Fri     Sat     Sun

**Dates:**    Start Date: \_\_\_\_\_    Finish Date: \_\_\_\_\_

**Times:**    From: \_\_\_\_\_ am/pm    To: \_\_\_\_\_ am/pm

**Other Use**     Mon     Tues     Wed     Thurs     Fri     Sat     Sun

**Dates:**    Start Date: \_\_\_\_\_    Finish Date: \_\_\_\_\_

**Times:**    From: \_\_\_\_\_ am/pm    To: \_\_\_\_\_ am/pm



## Required Documentation

Is the organisation currently incorporated under the Association Incorporation Act?  Yes  No

If Yes, please state number: \_\_\_\_\_

Does the organisation currently have Public Liability Insurance?  Yes  No

You must provide a copy of your current **"Certificate of Currency"** with a minimum cover of \$20 million.

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Does the organisation currently have a Liquor Licence?  Yes  No

If Yes, please state type of licence: \_\_\_\_\_

Does the organisation have an Australian Business Number (ABN)?  Yes  No

If Yes, please state number: \_\_\_\_\_

## Undertaking and Acknowledgement

### Please Complete the Following

I \_\_\_\_\_ *Name* submit this application as the  
\_\_\_\_\_ *Role* of the \_\_\_\_\_ *Organisation*

am authorised to make this application and undertake to ensure that the Applicant (User) complies with its/his/her obligations under the *Use or Hire of Council Facilities - Terms and Conditions*.

**I/We** all information provided in this application is true and correct and further acknowledge that the Council shall be entitled to recover such charges from the Applicant (User) in accordance with the conditions.

- I/We have read and understood** the *Use or Hire of Council Facilities - Terms and Conditions* available online at <http://www.greaterhume.nsw.gov.au/LinkClick.aspx?fileticket=YZD-3w9NecQ%3d&tabid=632> and agree to these terms as stated.
- I have attached a copy of the organisation's Certificate of Currency for public liability insurance.
- I have attached a copy of the organisation's Liquor Licence (if applicable).

**Signature/s** \_\_\_\_\_

**Date** \_\_\_\_\_

Please complete this 3-page application form and return it along with the required documentation to:

Greater Hume Council, PO Box 99, Holbrook NSW 2644  
Email: [mail@greaterhume.nsw.gov.au](mailto:mail@greaterhume.nsw.gov.au)

For Holbrook Library Complex Bookings  
Email: [holbrookctc@greaterhume.nsw.gov.au](mailto:holbrookctc@greaterhume.nsw.gov.au)

### Office Use Only

Uploaded to InfoXpert <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Doc ID</i> Assoc. Certificate of Currency <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Doc ID</i>	<b>Risk Officer to Complete this Section</b>
<input type="checkbox"/> Booking Calendar <i>Calendar Name</i> <input type="checkbox"/> Hire Fees \$ _____ Per: _____ <input type="checkbox"/> Paid upon application Rec: _____ <input type="checkbox"/> Invoice Requested NAR No. _____ Inform appropriate CS Officer if invoicing is required	UA No. <input type="checkbox"/> Approved <input type="checkbox"/> Denied <b>Notified</b> <input type="checkbox"/> Risk Officer <input type="checkbox"/> 355 Committee <input type="checkbox"/> Confirmation of UA to Applicant Uploaded to InfoXpert <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Doc ID</i> Officer Initials: _____ Date: _____ Office: _____

Forward to Risk Officer & [events@greaterhume.nsw.gov.au](mailto:events@greaterhume.nsw.gov.au) for Information & Assessment