



## APPLICATION FOR SEASONAL BOOKINGS OF COUNCIL'S OVAL(S)

APPLICANT DETAILS			
Title:	Given Name(s)	Surname / Last Name	
Mr/Mrs/Ms/Dr Other:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Company name: <input style="width: 100%;" type="text"/>			
Contact Address:			
	Unit	/	House
	<input style="width: 50px;" type="text"/>	/	<input style="width: 50px;" type="text"/>
		-	Number
			<input style="width: 50px;" type="text"/>
Street or PO Box: <input style="width: 100%;" type="text"/>			
Suburb:	<input style="width: 300px;" type="text"/>	State:	<input style="width: 50px;" type="text"/>
		Postcode:	<input style="width: 50px;" type="text"/>
*Daytime Phone:	<input style="width: 100px;" type="text"/>	*Fax:	<input style="width: 100px;" type="text"/>
		*Mobile:	<input style="width: 100px;" type="text"/>
*Email:	<input style="width: 100%;" type="text"/>		
*Voluntary information only. (Assists with timely processing of your application. See Privacy and Personal Information Act Statement)			

ORGANISATIONAL INFORMATION			
Sporting Organisation	<input type="checkbox"/>	OR	School <input type="checkbox"/>
Provide your organisation's Australian Business Number _____			
Is your organisation incorporated under the Association's Incorporation Act?		Yes <input type="checkbox"/> / No <input type="checkbox"/>	
Is your organisation registered as non-profit with the Australian Taxation Office?		Yes <input type="checkbox"/> / No <input type="checkbox"/>	
Have you attached a copy of your organisations Public liability Insurance Policy?		Yes <input type="checkbox"/> / No <input type="checkbox"/>	
Have you attached any other Permits / Licences / Conditions imposed by other authorities that may relate to activities associated with your bookings?		Yes <input type="checkbox"/> / No <input type="checkbox"/> / N/A <input type="checkbox"/>	
Council requires each seasonal sports field user to provide statistical information about active users (include coaches and managers) to assist with monitoring types and levels of use of ovals. Please complete the following information for the coming season:			
	Male	Female	Total
Sub junior active members	_____	_____	_____
Junior active members	_____	_____	_____
Senior active members	_____	_____	_____
Number of active members that are Mosman residents _____			

Has the membership of your club/school **grown**  / **declined**  / **been stable**  over the past 5 years.

Number of active members 5 years ago (20\_\_ season):

	Male	Female	Total
Sub junior active members	_____	_____	_____
Junior active members	_____	_____	_____
Senior active members	_____	_____	_____

Bookings cannot be finalised until all information above has been provided to Council. The information above which has not been provided with this application will be provided to Council by (date) \_\_\_\_\_

### BOOKING DETAILS

Sporting Organisation Booking, OR  School Booking

**WINTER SEASON: 1<sup>ST</sup> WEEKEND IN APRIL TO 4<sup>TH</sup> WEEKEND IN AUGUST**

**SUMMER SEASON: 1<sup>ST</sup> WEEKEND IN OCTOBER TO 3<sup>RD</sup> WEEKEND IN MARCH**

**SUBJECT TO GROUND CONDITIONS**

**(Ovals closed during September & last 2 weeks of March for maintenance)**

Dates Required From: \_\_\_\_\_ To: \_\_\_\_\_

Supply Dates that are not required (ie. School holidays exact start & finish): \_\_\_\_\_

Additional Requirements:

Key Access:  Storeroom  Kiosk  Change Room  Other Please specify: \_\_\_\_\_

Line marking:  Please specify: \_\_\_\_\_

Additional cleaning services, eg extra rubbish bins for gala days:  Please specify: \_\_\_\_\_

Certificate of Currency of Public Liability Insurance Minimum \$20,000,000 All documents must be received by Council **BEFORE FINAL APPROVAL CAN BE GRANTED**

**SIGNED  
CONDITIONS**

*I have read and understood the Booking Conditions and the Conditions for Hire of Ovals Policy and agree to abide by these conditions. A copy of the Policy can be obtained from <http://www.mosman.nsw.gov.au/council/policies> or the Venue Coordinator (Ph 9932 4502).*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### GROUND DETAILS

To assist with the best possible bookings of grounds for training use please note the number of active members in each age group that can use a full oval for **training**.

Sub junior ( \_\_\_\_\_ ) Junior ( \_\_\_\_\_ ) Senior ( \_\_\_\_\_ )

Additional information can be provided in the space below.



Day	Example			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday				Sunday				
	Time	Age	User Numbers	Time	Age	User Numbers	Time	Age	User Numbers	Time	Age	User Numbers	Time	Age	User Numbers	Time	Age	User Numbers	Time	Age	User Numbers	Tick if required all weeks	Time	Age	User Numbers	Tick if required all weeks	
Oval																											
Allan Border	4-6pm	SJ	40																								
	6-8pm	S	30																								
Rawson																											
Georges Heights																											
Middle Head	9-12am	SJ	100																								
	12 - 5pm	S	120																								
Balmoral East	4-5.30	SJ	30																								
	5.30-7pm	J	25																								
	7-9pm	S	30																								
Balmoral West																											
Balmoral Nets																											
Reid Park																											
Spit West																											
Netball Court 1																											
Netball Court 2																											
Netball Court 3																											

Age Group Abbreviation: SJ = Sub Junior, J = Junior, S =Senior

Booking Type Abbreviation: GA = Games All (22 Weeks), GH = Games Home Only (approx 12 weeks)

## PRIVACY AND PERSONAL INFORMATION PROTECTION ACT, 1998

Your personal information is being collected to process this application. The supply of personal contact information by you [marked with an asterisk (\*)] is voluntary. If you cannot provide or do not wish to provide this information, the Council may not be able to process your application. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council. This application form and the information contained in it is accessible to the public upon enquiry, noting that information contained within a credit card authority form, where applicable, is not held by Council after the transaction is processed and the authority form is destroyed.

## DECLARATION

The details provided by me are correct and I have read and understand all information provided in this application

\_\_\_\_\_

**(Applicant's signature)**

\_\_\_\_\_

**(Date)**

## LODGEMENT INFORMATION

### LODGEMENT INFORMATION

**All applications must be submitted with a minimum of 5 working days before the event otherwise approval may not be given.**

**Please check availability with Venue Staff on (02) 9932 4502 or (02) 9932 4507 prior to lodging your application.**

**For bookings with fees please do not submit payment with application form. Payment details will be forwarded with confirmation paperwork.**

**For privacy and security reasons payment is prohibited by credit card via email transmission.**

### Method of Lodgement

It is recommended that application forms be submitted by email to:

council@mosman.nsw.gov.au

or by fax to (02) 9978 4299

or in person at the Civic Centre, Mosman Square, Spit Junction.

Applications that are lodged by post should be addressed to:

The General Manager

PO Box 211

SPIT JUNCTION NSW 2088

### Further information:

If you require further information on completing this form Council's Venue Staff may be contacted on (02) 9932 4502 or (02) 9932 4507 between 8.30am - 5.00pm, Monday to Friday.

## NSW CHILD PROTECTION LEGISLATION

Hirers of Mosman Community and Recreation Facilities and Sporting Ovals for the purposes of conducting activities for children are bound by NSW Child Protection Legislation.

Clubs and service providers are required to undertake Working with Children Checks and implement Prohibited Employment Declarations for all persons working directly with children.

Further information regarding your obligations can be found on the following websites:

[www.kids.nsw.gov.au/check/](http://www.kids.nsw.gov.au/check/)  
[www.dsr.nsw.gov.au/children/](http://www.dsr.nsw.gov.au/children/)  
[www.community.nsw.gov.au/html/comm\\_partners/childprotections\\_guidlines.htm](http://www.community.nsw.gov.au/html/comm_partners/childprotections_guidlines.htm)

**OFFICE USE ONLY**

Applicant signed declaration: Yes

Certificate of Currency in respect of Public Liability Insurance attached: Yes  No  N/A

Receipt No.: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Officer's name: \_\_\_\_\_