

**APPLICATION FOR SPORTING FIELD HIRE  
(SEASONAL USE)**

**1. CLUB DETAILS**

Club Name: .....  
 Club Address: .....  
 .....  
 Email Address: .....  
 .....

**COMMITTEE MEMBERS**

Name: ..... Position: .....  
 Contact: ..... Email: .....

Name: ..... Position: .....  
 Contact: ..... Email: .....

Name: ..... Position: .....  
 Contact: ..... Email: .....

**2. BOOKING DETAILS**

Sport to be played: .....  
 .....

Number of Fields Required: .....

Months Required: From: ..... To: ..... Season: .....  
 .....

**3. LOCATIONS (LIST PARKS/GROUNDS TO BE UTILISED)**

1. ....  
 .....
2. ....  
 .....
3. ....  
 .....

<b>COMPETITION REQUIREMENTS</b> (Time Required eg. 5.00pm-8.00pm) <i>(Please attached a separate list if more than 1 facility)</i>						
<b>FACILITY NAME:</b> .....						
<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	<b>SUNDAY</b>
.....	.....	.....	.....	.....	.....	.....

<b>TRAINING REQUIREMENTS</b> (Time Required eg. 5.00pm-8.00pm) (Please attached a separate list if more than 1 facility)						
Facility Name: .....						
<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	<b>SUNDAY</b>
.....	.....	.....	.....	.....	.....	.....

**4. PRE SEASON USE REQUIREMENTS/EVENTS** (List is any)

.....  
 .....

**5. KEY HOLDERS**

Please list all members of your club who currently hold a Council key in the below table

Key Series (eg. 82.8)	Key Number (eg. 3)	Key Holder's Name / Position	Key Holder's Phone Number
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**6. FEES & CHARGES**

As per the lease agreement

**7. INSURANCES**

A copy of a \$20M Public Liability Insurance Policy, indicating Bathurst Regional Council's interest, must be provided to Council at least one (1) week prior the commencement of the season

Please contact Councils Insurance Clerk on (02) 6333 6111, should you have any enquiries in relation to Council's Insurance Requirements for displaying of banners.

**8. CHECKLIST/DECLARATION**

In signing this form, I acknowledge that I have read and accepted the condition's associated with the seasonal use of Council's sporting facilities. I have completed the application form as accurately as possible.

- I have attached a copy of the clubs draw for the upcoming season
- A copy of the draw will be submitted once finalised

Signed: .....

Name: .....

Date: .....

**9. COMPLETED FORMS/QUERIES**

Please forward your completed application to Council via:

- Email: [council@bathurst.nsw.gov.au](mailto:council@bathurst.nsw.gov.au)
- Mail: Private Mail Bag 17, Bathurst, NSW, 2795
- In person: 158 Russell Street, Bathurst, NSW, 2795

For any further enquiries, please contact Council's Recreation Section on (02) 6333 6285.

**Office use only** (Allocation No. W1240.0110.124)

Amount Paid: \$..... Receipt No.: ..... Date: .....

***The information on this form is being collected to allow Council to process your application and/or carry out its statutory obligations. All information collected will be held by Council and will only be used for the purpose for which it was collected. An individual may view their personal information and may correct any errors.***