### LCC_logo_RGB_ForWeb

###### FOR OFFICE USE ONLY

Booking ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trim:

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_

Date Received:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 

### **How to Complete this form:**

### *Please read carefully to ensure you are invoiced correctly.*

### *166923.2010*

**1.** Complete Application Form **(incomplete applications will be returned to the hirer and no allocation will be made for grounds).**

**2.** Send Application Form to Council (see letter attached for address)

**4.** Council will send you a confirmation letter.

**5.** Address any concerns with that confirmation letter within 28 days of the date on the letter.

**6.** If no submissions are made, Council will raise an invoice for payment. **No correspondence will be entered into thereafter.**

7. Start using your ground!

### Liverpool City Council

##### **Recreation and Open Space**

#### SCHOOLS

#### APPLICATION FOR THE USE OF SPORTS GROUNDS

#### 2021

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SECTION 1 – HIRER DETAILS - CONTACT INFORMATION | | | | | |
| Name of School: |  | | | | |
| Postal Address: |  | | | | |
|  | | | | |
| School Phone: |  | | School Fax: | |  |
| Is your school located within the Liverpool Local Government Area? | | | | |  |
| Zone: |  | | Region: | |  |
| Contact: |  | | | | |
| Position: | Principal | | | | |
| Mobile Phone: |  | E-mail: | |  | |
| Contact: |  | | | | |
| Position: | Sports Coordinator | | | | |
| Mobile Phone: |  | E-mail: | |  | |

|  |  |  |  |  |  |
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| **SECTION 2 – INSURANCE** | | | | | |
| Is your school insured under the NSW Treasury Managed Fund?  (If no, please complete the following section and attach a copy of your certificate of currency) | | | | No |  |
| Yes |  |
| Insured  (Name on Policy): |  | | | | |
| Insurance Company: |  | | | | |
| Insurance Type: |  | Coverage Value: |  | | |
| Policy Number: |  | Expiry Date: |  | | |

Please complete section 3 for each park and for each term **(This page may be photocopied if required)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 3 – PE, SCHOOL SPORT etc. | | | | | | | |
| 1. Park Name: | |  | | | Field Number/s: | |  |
| Term: (Please Circle) | | 1 2 3 4 | | | | | |
| Sport: | |  | | | | | |
| Details: | Start time | | End time | No. of  participants | Toilets required? | Activity/Sport/Level  Eg: PE, Interschool Soccer | |
| Monday |  | |  |  |  |  | |
| Tuesday |  | |  |  |  |  | |
| **Wednesday** |  | |  |  |  |  | |
| Thursday |  | |  |  |  |  | |
| Friday |  | |  |  |  |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
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| Thursday |  | |  |  |  |  | |
| Friday |  | |  |  |  |  | |

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| **SECTION 4 – ANNUAL ATHLETICS CARNIVAL - Fee is $94.80 per day** | | | | | |
| Preference | Date | | Wet weather date | | Dwyer Oval / Craik Park / Ash Rd / Edwin Wheeler  Other (Please state) |
| 1st |  | |  | |  |
| 2nd |  | |  | |  |
| 3rd |  | |  | |  |
| No. of participants: | |  | |  | |

Please note: Wet weather dates are considered a second priority in the allocation process.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SECTION 5 – ANNUAL CROSS COUNTRY CARNIVAL - Fee is $94.80 per sporting venue per day** | | | | | |
| Preference | Date | | Wet weather date | | Park (Please state) |
| 1st |  | |  | |  |
| 2nd |  | |  | |  |
| 3rd |  | |  | |  |
| No. of participants: | |  | |  | |

Please note: Wet weather dates are considered a second priority in the allocation process.

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 6 – Gala Days etc - Fee is $94.80 per sporting venue per day** | | | |
| Proposed Date | Time | Park | Activity |
|  |  |  |  |
|  |  |  |  |
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| **SECTION 7 – USE OF PA SYSTEMS** | | | | | |
| Will your school use a Public Address system or sound emitting device for any of these bookings? *Please circle*  yes no | | | | | |
| **SECTION 8 – AGREEMENT** | | | | | |
| I have read and understood Liverpool City Council’s Terms and Conditions for the Use of Sports Grounds and agree to abide by these conditions including paying the $291.10 damage deposit. I hereby certify that the information supplied in this application is correct to the best of my knowledge. I also undertake to advise Liverpool City Council should there be any alterations to the information supplied immediately. | | | | | |
| Applicants Name: |  | Applicants Signature: |  | Date: |  |