

APPLICATION FOR USE OF COMMUNITY OPEN SPACE Group Fitness and Personal Training

Name of Hirer (Organ	isation)					
ABN		Insurer	Policy #	Expiry		
Contact Name						
Job Title						
Email Address						
Postal Address						
Suburb				Postcode		
Business Phone		Mobile	н	ome		
Fax Number		Website				
Name of Park/Reserv	e					
Sports field/s (oval)						
Nature of Activity						
•						
Equipment Used						
Days of Week and Tin						
Number of Participan	ts Per Session					
		Men		Junior		
Number of Sessions \	Weekly	Fees Charged (per participant per session) \$				
costs, claims, expen arising out of or in I	cation (insert name ses and damages relation to the use	whatsoever which me of the public open	nay be brought or mad space area described	I from and against all a de or claimed against (I above. My signature of the public open space	Council below	
Signed by: (Contact Name)			(Job Title)			
Signature				Date		
				only be processed wh Guidelines' for a list of		
		OFFICE USE ONLY Confirmed	, -			
		Confirmed with furth	er conditions			

The applicant agrees that the information provided in this application may be recorded on Council's central name and address register and may be provided to external organisations or persons requesting information relating to Council's general business or the services provided.