



SEASONAL ALLOCATION OF SPORTING FACILITIES APPLICATION FORM

APPLICATION DETAILS

Club/Organisation _____

Is your club incorporated under the Associations Incorporation Act? Yes No

Please provide your ABN or Registration Number _____

Postal Address _____

_____ **Suburb** _____ **Postcode**

Type of Organisation **Commercial** **Non-Profit Organisation**
(attach evidence)

Primary Contact **Given** **Surname**

_____ **Position** _____

_____ **Phone** _____ **Mobile**

_____ **Email** _____

President **Given** **Surname**

_____ **Phone** _____ **Mobile**

_____ **Email** _____

Secretary **Given** **Surname**

_____ **Phone** _____ **Mobile**

_____ **Email** _____

Treasurer **Given** **Surname**

_____ **Phone** _____ **Mobile**

_____ **Email** _____

Please nominate one of the above contacts as the Public Contact _____

Do you want your club details added to Council's Sports Club Register? Yes No

Does your club have public liability insurance? Yes No

Please state the following information and provide a copy of the Certificate of Currency with this application.

Insurance Company _____
Policy Number _____
Extent of coverage _____
Expiry Date _____

Does your club have a liquor licence? Yes No

Type _____

Is your club registered with the Good Sports Program? Yes No

What is your current level of accreditation with Good Sports?

Just Registered Level 0 Level 1 Level 2 Level 3

If your club is not registered with Good Sports would you like to be contacted by a Project Officer?

Yes No

LEAGUE / ASSOCIATION INFORMATION

What League/s or Association/s is your club affiliated with?

Association / League _____
Contact Person _____
Position _____
Email _____
Phone _____

Association / League _____
Contact Person _____
Position _____
Email _____
Phone _____

Association / League _____
Contact Person _____
Position _____
Email _____
Phone _____

MEMBERSHIP INFORMATION

Playing members	
Non-playing members (with paid memberships)	

Senior Male Playing Members	
Senior Female Playing Members	

Junior Male Playing Members	
Junior Female Playing Members	

Members with special needs (playing)	
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Residents of Hume City - playing members	
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TEAM INFORMATION

TEAMS (numbers of teams not individual players)

Senior Male Teams	
Senior Female Teams	
Junior Boys Teams	
Junior Female Teams	
Veteran's Teams	
Development Teams Auskick / Small sided games	
Total	

GROUND REQUIREMENTS

Please attach a copy of your current season fixtures, clearly highlighting your CLUB's HOME games for each team that is entered into competition. If the fixture is not available at the time this form is submitted, please forward as soon as it is received.

How many grounds are required? _____
Reserve/s requested and address (in order of preference)

1. _____
2. _____
3. _____
4. _____
5. _____

If applying for an allocation for the first time, or applying for a new reserve, please complete the following:

Previous reserve used & address _____

Reason/s for re-location _____

AGREEMENT

PRIMARY CONTACT TO COMPLETE

I, _____ being the _____ of _____ undertake the responsibility for submitting this application. I have read and understand the 2019/20 Conditions of Hire for Hume City Council Recreation Reserves and Pavilions, and undertake to comply in all respects with such conditions for the 2019/20 Summer Season should this application be successful. I also agree to notify Hume City Council immediately that there is any change to any of the information provided in this application, at any stage during the season.

SIGNED: _____ **DATE:** _____

PRESIDENT TO COMPLETE

I, _____ being the *President* of _____ undertake the responsibility for submitting this application. I have read and understand the 2019/20 Conditions of Hire for Hume City Council Recreation Reserves and Pavilions, and undertake to comply in all respects with such conditions for the 2019/20 Summer Season should this application be successful. I also agree to notify Hume City Council immediately that there is any change to any of the information provided in this application, at any stage during the season.

SIGNED: _____ **DATE:** _____

Privacy Statement

Council is collecting the information on this form for the purpose of registering and administering your Club’s application for a Seasonal Allocation of a Sporting Reserve. The information may also be used to send your Club Council newsletters and other relevant information. The information will not be disclosed except as required by law. In particular, the information will not be disclosed to others for marketing purposes. Notwithstanding, the Public Contact Details provided with will be available to the general public for the purpose of contacting your club and may also be included in Council’s sport & recreation directory. If you fail to provide this information your Club’s application may not be processed. You may access this information by contacting Council’s Privacy Officer on 9205 2200.

Please return this form to: Sport & Recreation Team
Hume City Council
PO Box 119
Dallas 3047

BY NO LATER THAN 23 AUGUST 2019

OFFICE USE ONLY	
RESERVE/S ALLOCATED	1. _____ 2. _____
	3. _____ 4. _____
	5. _____ 6. _____
BOOKING REFERENCE	_____

