



# CITY OF PARRAMATTA

## APPLICATION FOR THE CASUAL USE OF PARKS, RESERVES AND SPORTSGROUNDS

### SECTION 1 – FACILITY DETAILS

Name of Park / Reserve  
/ Sportsground:

Location Description /  
Field Number:

### SECTION 2 – DATE AND TIMES OF EVENT / BOOKING

**NOTE: booking times must include set-up and clean-up times**

Date/s:

Arrival Time:  
Must include set up

Departure Time:  
Must include pack up

Number of participants:

Description of Activity:  
Please detail the nature  
of the event and what  
activities there will be

### SECTION 3 – CONTACT INFORMATION

Organisation / Group  
Name:

Contact Name:

Official Position:

Postal Address:

Home Phone:

Work Phone:

Mobile Phone:

Fax:

e-mail:

### SECTION 4 – BOOKING SOURCE – Please tick appropriate box

**How did you hear about Council's Facilities**

Internet

Previous Visit

Banner/Sign

Friend/ Family

Newspaper

Yellow Pages

Other – Please detail -

SECTION 5 – REQUESTS – Please attach supporting Documentation					(If yes please specify)
Do you propose to display boards or banners?	Yes		No		
Do you propose to sell or consume alcohol? (If yes, a liquor licence must be obtained from the local Police and provided to Council 14 days prior to the function)	Yes		No		
Do you propose to use a PA system or loudspeakers? *Power is not provided by Council. The PA system is to be used for essential announcements and event management only.	Yes		No		
Do you propose to sell or serve food at the event? (If yes, you will be issued with a copy of Councils Food Handling Guidelines, which must be adhered to at all, times during the function. If hiring a food provider or catering company please provide a copy of the companies public liability)	Yes		No		
Will there be sale of items other than food?	Yes		No		
Do you propose to erect portable structures or amusement devices? (eg. tents, jumping castles*, sunshades, stage, stalls) <b>If yes please provide a copy of the companies public liability</b> <b>You may be required to complete a special event application upon Council's assessment</b> *Power is not provided by Council.	Yes		No		

SECTION 6 – REQUIREMENTS – Do you require?					
Toilets	Yes		No		Times:
Amenities	Yes		No		Times:
Canteen	Yes		No		Times:

SECTION 7 – INSURANCE – Please attach copy of Policy			
Insured:			
Insurance Company:			
Insurance Type:		Coverage Value:	
Policy Number:		Expiry Date:	

SECTION 8 – CONDITIONS	
Special Conditions: (Please detail if there is any further information or conditions Council may need to be aware of for your booking)	

SECTION 9 - DOCUMENTATION ATTACHED	IF NOT ATTACHED PLEASE INDICATE WHY				
Public Liability Insurance of Hirer	Yes		No		
Public Liability Insurance of Contractors	Yes		No		
Resident Notification	Yes		No		

## SECTION 10 – AGREEMENT

I agree to abide by City of Parramatta Council's Conditions of Use of Parks and Reserves and Playing Fields Policy, Practices and Procedures. I hereby certify that the information supplied in this application is correct to the best of my knowledge. I also undertake to advise City of Parramatta Council should there be any alterations or additions to the information supplied immediately.

### IMPORTANT:

Any personal information provided by you on this form will be used by Council or its agents to process this application. The provision of this information is voluntary, however, if you do not provide the information, Council will be unable to process your application. Once collected by Council, the information can be accessed by you and may also be available to 3rd parties in accordance with Council's Access to Information Policy.

Acknowledgement of Conditions of Hire		Applicants Name:		Date:	
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## CONTACT INFORMATION

**Please return this completed application form attaching all relevant documents including Public Liability Insurance to the Booking Office:**

<b>Phone:</b>	9806 5140	<b>Fax:</b>	9806 5927
<b>Postal Address:</b>	City of Parramatta Council Facilities Booking Office PO Box 32 Parramatta NSW 2124	<b>Email:</b>	bookings@cityofparramatta.nsw.gov.au

**BOND REFUND-** If a bond is applicable to your booking and you wish for the refund to be returned into a bank account please complete the following otherwise the bond will be returned by cheque

Account Name	
Bank Name	
Bank BSB	
Account Number	

Please be advised this application will not be accepted and your booking not confirmed unless all sections of the form are completed. Upon assessment of this form it may be required that alternative forms will be issued and required to be completed before approval of a council facility is granted.