



**WESTERN BAY OF PLENTY DISTRICT COUNCIL
APPLICATION FOR USE OF PLAYING FIELDS / HARD COURTS**

APPLICANT (Club or Association): _____

POSTAL ADDRESS: _____

PHONE HM/WK _____

RESERVE/DOMAIN/PARK _____

I/We hereby make application for the use of

Tick Requirement	State No. Required	Tick Requirement	State No. Required
<input type="checkbox"/> Rugby/Soccer Fields	<input type="checkbox"/>	<input type="checkbox"/> Hockey	<input type="checkbox"/>
<input type="checkbox"/> Tennis/Netball Courts	<input type="checkbox"/>	<input type="checkbox"/> Athletics	<input type="checkbox"/>
<input type="checkbox"/> Softball Diamonds	<input type="checkbox"/>	<input type="checkbox"/> Twilight Cricket Wicket	<input type="checkbox"/>
<input type="checkbox"/> Cricket Wickets	<input type="checkbox"/>	<input type="checkbox"/> Touch Rugby	<input type="checkbox"/>
<input type="checkbox"/> Other (Specify Purpose)	<input type="checkbox"/>		

For the Month of _____ to _____

	Tick	Enter Date
SAT	<input type="checkbox"/>	_____ from _____ am/pm to _____ am/pm
SUN	<input type="checkbox"/>	_____ from _____ am/pm to _____ am/pm
MON	<input type="checkbox"/>	_____ from _____ am/pm to _____ am/pm
TUE	<input type="checkbox"/>	_____ from _____ am/pm to _____ am/pm
WED	<input type="checkbox"/>	_____ from _____ am/pm to _____ am/pm
THU	<input type="checkbox"/>	_____ from _____ am/pm to _____ am/pm
FRI	<input type="checkbox"/>	_____ from _____ am/pm to _____ am/pm

ALL bookings must be verified with the Booking Officer. Exact times and dates must be given when applying for use of Reserve grounds.

- I/We agree to ensure that the site and facilities will be left in a clean and tidy condition.
 - I/We agree that if the Reserves Officer declares that the ground is, or will be unfit to play on because of bad weather, no play shall take place until the ground condition is suitable.
 - I/We agree to comply with the provision of the Western Bay of Plenty District Council Bylaws relating to Reserves and facilities.
 - Bonds and Public Liability Insurance (if applicable).
- I/We agree to pay all bonds due and provide evidence of insurance cover to Council staff two weeks before booking date.

Signature Please print name President/Chairman

Signature Please print name Secretary

Address

Date

OFFICE USE ONLY

<input type="checkbox"/>	Computer
<input type="checkbox"/>	Letter
<input type="checkbox"/>	Invoice
<input type="checkbox"/>	Contractor