

CASUAL APPLICATION TO HIRE A FACILITY, RESERVE OR PUBLIC OPEN SPACE

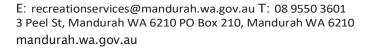
City of Mandurah Recreation Services

3 Peel Street, Mandurah (PO Box 210)

Phone: 9550 3601 Fax: 9550 3737

Email: recreationservices@mandurah.wa.gov.au

Contact Details			
Are you booking a facility as an individual or on behalf of a company/organisation?	O Individual	Con	npany or Organisation
Name of person making the booking:			
Name of organisation/business:			
Residential or Business Address:			
Postcode:	State:		
Phone:	Email:		
Are you registered as a business?	Yes	3	No
If yes, no insurance under the City of Mandurah policy we Public Liability Insurance with this application. Please re If yes, please provide ABN:	fer to point 15 on insura		ubmit a copy of your
Are you an incorporated body, sporting body, government agency, school, association or profit making organisation?	Ye	S	No
If yes, no insurance under the City of Mandurah policy w Public Liability Insurance with this application. Please re			ubmit a copy of your
Are you not For profit organization?	Y	'es	No
If yes, please provide a copy of your Certificate of Incorp with this application. Please refer to point 15 on insurance		opy of your Po	ublic Liability Insurance
Are you a registered charity?	Υ	'es	No
If yes, please provide proof of charitable status with the	application and submit a	a copy of your	Public Liability



Insurance with this application. Please refer to point 15 on insurance





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booking Details		
Name of Facility/Reserve/POS being hired:		
Date of hire		
Start Time: Please be advised that set up & clean up time must be	Finish Time:	<u>rm</u> .
Hall must be vacated by 1:00am including clear Conditions of Hire. Description of Function/Activity	aning time. Please refer	·
Please note the City will not support the use of its unlawful conduct or encourages actions that are d values. The City reserves the right to cancel a book Refer to point 34 in Terms of Conditions of Hire.	liscriminatory, offensive o	or contrary to the City's
Estimated Attendance No's: Adults (or	ver 18's)	Children (under 18)
Are you providing food at this function/activity?	Yes	No
If yes, will this food be sold or provided free of charge?	? Sold	Free of Charge
Selling food, Health Services will require a minimum Application is received. Please refer to point 28 in the		
Please provide a brief description of the type of food (e	e.g. sausage sizzle, buffet,	finger food).
Will ALCOHOL be consumed?	Yes	No
Please note that an Alcohol Consumption Permit of the purpose of a 'toast' at a Wedding Ceremony fo	an only applied for withing a maximum of one hour	n a Public Open Space for during the booking time.
Wedding Toast booking time requested (maximum 1 h Please note for all wedding ceremonies in a Pl		vimum timo of 1 hours
including set up and clean up will be permitted		xiiiiuiii tiiiie oi 4 nours
Note: A fee of will be charged and a permit issued to the	he above applicant.	
Will ALCOHOL be sold?	Yes	No
Note: If liquor is to be sold, a second permit must be o and Liquor. http://www.rgl.wa.gov.au . Copy to be proving approved. Please refer to point 12 in conditions of hire.	ded to Recreation Services	s before booking is
If alcohol is being sold, please provide a copy of the liq Licensed security is mandatory for 18 th and 21 st birthda		

of Hire. The party is required to be registered with WA police by going to www.police.wa.gov.au.





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	Will you be having music or excessive noise via a DJ, Band, PA system or other?	Yes	No		
	Please provide details below of what you are planning on h	naving during your booking:			
e.g.	Will there be any temporary structures or seating erected and marquees, staging or lighting - Provide details below:	d? Yes	No		
	Will there be amusement activities such as bouncy castle, petting zoo, inflatable slides etc.?	Yes	No		
	If Yes – A detailed site map, a copy of the operators of Class 1 Worksafe Certificate or Worksafe Plant Register required with this application. Please refer to point 2	stration relating to the activit	ty/amusement is		
	Will you require vehicle access to the reserve?	Yes	No		
	Note: Vehicles are prohibited unless prior consent from City of Mandurah is obtained. Conditions apply.				
	How many vehicles will be on the reserve (maximum of 2 v	vehicles)?			
	Note: The above does not include the carpark of facility Will the person completing this application be responsible for the vehicle access?	Yes	No		
	If No, please provide details on who will be responsible for the management of vehicle access?				
	Name	Contact Phone			
	Email				
	Disclaimer				
	I agree that I have read the City of Mandurah's Terms and Conditions of Hire and agree to abide by the and be responsible for payment of all fees and charges associated with this hire and ensure that appropriateliability and other insurances are in place for the activities to be conducted.				
	Signature	Date			





PAYMENT AND BOND REFUND INFORMATION

Once your Application has been processed you will be emailed a rental contract to be checked, signed and returned to recreationservices@mandurah.wa.gov.au.

You will also be sent invoices for payment which will need to be paid by either:

CASH, CHEQUE, CREDIT CARD OR EFTPOS

All of the above payment methods can be made at the City of Mandurah Recreation Services counter between Monday to Friday from 1.00pm – 4.00pm (3 Peel St Mandurah)

We are also able to take credit card details over the phone by calling 9550 3601.

BOND RETURNS

All bond returns will be processed within **21 days** after the date of your booking and can only be refunded to you nominated bank account – please complete the following information required below to make the refund process more efficient. *Failure to supply details will delay bond refund*.

BSB#	ACC #	
Account Name:		
Address:		
	made out to. Any change t	came as the name of the person or organisation that the to this must be discussed with the Recreation Services
I have read and i	understand the informa	ation above
lame: Date:		Date:
Signature:		
Office Use Only:		
Booking ID No. (LIN	KS)	Date of Booking:
Hirers Name (Group	or Individual):	
Hirers Address:		
	Hirers Emai	il:
Contact Phone Numl	ber:	Bond Amount Paid:
Venue:		
Receipt No	Date Paid:	Date Bond Processed:
Deduction Amount (if applicable):		Amount Bond Returned:
Comments:		

