FACILITY / RESERVE BOOKING FORM



APPLICANT DETAILS										
Contact Name:					Mobile	Mobile Number:				
Residential Address:										
Postal Address:					Email:					
Is the booking for a Business or Community					Is the	e organisati	on inco	orporated	_	
Group?			□ Yes			not-for-profit?				Yes
If yes, please provide Public Liability Insurance			🗆 No			If yes, please provide your pro Incorporation] No
Organisation Name:					ABN:					
BOOKING INFORMATION										
Location:										
Date/s:	Date/s:									
Attach calendar for multiple dat	es			-						
Start Time: Including set-up				Finish Ti						
Activity:	Activity:			Expecte	d Attend	dees:				
Will the public be invit	□ Yes*	Will you	you be charging entry for Yes \$							
Public events may require further approval			🗆 No	-	this booking? If yes, entry cost:					
Will there be any food or drink?			🗆 Yes							
Health approval may be required			🗆 No	If yes, will it be:			Fi	□ Free □ Sold / Donation		
Will there be any alcohol?			🗆 Yes	16						
No alcohol permitted at reserves			🗆 No	If yes, will it be:						
Will there be any temporary structures?										
i.e. seating, marquees, bouncy castles etc.										
Please note: No pegs to be placed into the ground										
Will there be any noise i.e. speakers, live bands, a	 Yes If yes, please provide more details: No 									
I hereby apply to the Town of East Fremantle for the use of the above land or facility. I understand that should I receive approval I must abide by										
any terms and conditions. I understand that as the applicant I am responsible for payment of all fees and charges associated with this hire and that										
I may be liable for any damage caused during use.										
Signature:										
PAYMENT DETAILS										
Cash:Payments can be made at the Town Hall, 135 Canning Highway, East FremantleCheques are to be made payable to the Town of East Fremantle and are to be attached to your application and										
Cheque: Cheques are to be made payable to the Town of East Fremantie and are to be attached to your application and mailed to PO Box 1097, Fremantle WA 6959										
Credit Card: Please pro	se provide your credit card below									
Credit Card Type	Visa 🗌	Mastercard [Name of C	ard:					
Credit Card Number:		/	,		/			1		
Expiry Date:	Card Ho		Iders Signature:							
OFFICE USE ONLY										
			oking in Cale	ndar Yes	No	Calendar bo	oking u	odated	Yes N	10
Fees Payable: \$		Tentative Booking in Calendar Yes Due Date:			No Calendar booking updated Yes No Approval Letter Sent					
Operations Approval										
Approved Yes N		Signature	Date	Date						

• Public Event Notification required