

Date of Issue: ___/___/ ABN: 14-854-354-856

TAX INVOICE

APPLICATION FORM - CASUAL HIRE OF COUNCIL RECREATION RESERVES & PAVILIONS

Please Note:

Water Restrictions in Victoria may impact upon this sports reserve booking. Council reserves the right to cancel or alter this booking as deemed necessary in line with current water and sports ground management practices.

<u>IMPORTANT:</u> Unless prior arrangements have been made, this form must be returned, completed and **all monies paid**, to Hume City Council, **not less than 14 days prior to your booking**, keys will not be issued and the booking will not be recognised. (Please note that access to pavilions is not granted automatically with reserve bookings).

NAME OF ORGA	NISATION:								
CONTACT PERSON:									
	:SS:								
						POSTCODE:			
FAX:		E-MAIL:							
TELEPHONE:	(After Hours) (Business Hours)					ness Hours)			
	(Mobile)								
RESERVE REQU	JESTED:								
DATE (S) OF HIF	RE:					· · · · · · · · · · · · · · · · · · ·			
START TIME:	RT TIME: FINISH TIME:								
IS TOILET ACCE	SS REQUIRED?	YES		NO		*Subject to availability			
ANY OTHER RE	QUIREMENTS?								
NATURE OF USAGE/ACTIVITY DESCRIPTION – FOR PRACTICE MATCHES PLEASE LIST									
TEAMS PLAYING	G:								
ESTIMATED NUI	MBER OF PEOPLE	IN ATTE	NDAN	ICE: _					
School Booking	s list all of the scho	ools partic	ipatin	g in this	s booki	ng:			

HIRE DETAILS ON	· v·	SHIER / OFFI						
GL 0141-1 -	— 64605 Hire	e Charge: \$ (pe	Hire'? YES NO					
Receipt Number:	Bond to be refunded:							
BOND DETAILS OF			·	\$ Signed: Date:				
		Number:	_ Date Paid:/					
X								
CASHIER INFO								
Name of Hirer:								
Hire Fee Paid:	\$	Date Paid: _	R	Receipt Number:				
Bond Paid:			Receipt Number:					
law. In particular,	the information our application	will not be disclosed to may not be processed	others for market d. You may acce	be disclosed except as required by ing purposes. If you fail to provide ss this information by contacting				
1								
Ι,	being the(position)							
of	me of organisation	undertake re	sponsibility for s	ubmitting this application.				
	_		Casual Use of C	ouncil Recreation Reserves and				
				ions should this application be				
successful.	ndertake to o	ompry in an respects	with Sach Conan	ions should this application be				
	notify Hume	City Council immedia	ately that there	is any change to any of the				
_	-	blication, at any stage p	-					
P		,	(.,				
SIGNED:			_ DATE:					
OFFICE USE ONLY	<i>r</i>							
		Centaman entry □	B/N:					
Confirmation cont (f	•			Please return this form to:				
Confirmation sent (f Invoice required □	•	YES □ NO □ sent to Finance □		Hume City Council Leisure Services				
•		Self to Finance 🗆		PO Box 119				
OTHER NOTES:				Dallas 3047				
				or fax: 9309 0109				

Staff member: _____ Date: ____