



Facility Booking Form

Booking Type: <input type="checkbox"/> One Time Booking <input type="checkbox"/> Multiple Bookings	Term: 1 2 3 4 Other <small>(Please Circle)</small>
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Organisation Details

School/Organisation: _____

Contact Person: _____ Phone: _____

Email Address: _____

School/Organisation ABN: _____ Fax: _____

Postal Address: _____

Please note: Receipt of this form DOES NOT confirm your booking. This booking will be confirmed by written correspondence along with confirmation of relevant fees.

PLEASE TICK FACILITY/PROGRAM YOU REQUIRE

Dry Operations

<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Group Fitness Program	<input type="checkbox"/> Sport Specific
<input type="checkbox"/> Stadium - No. of Courts _____	<input type="checkbox"/> Program Room 1	<input type="checkbox"/> Program Room 2
<input type="checkbox"/> Meeting Room	<input type="checkbox"/> Crèche Room	<input type="checkbox"/> Apollo Bay Stadium
<input type="checkbox"/> Other: _____		

Aquatic Operations

<input type="checkbox"/> 25m Pool – No. of Lanes _____	<input type="checkbox"/> Warm Water Pool (WWP) - Deep	<input type="checkbox"/> WWP - Shallow
<input type="checkbox"/> Lifeguard Hire	<input type="checkbox"/> Swim School Instructor Hire	<input type="checkbox"/> Group Fitness Program
<input type="checkbox"/> Swimming Competition/ Carnival (must complete separate Event Form)	<input type="checkbox"/> Pool Party	
<input type="checkbox"/> Other: _____		

Day	Date	Facility / Program	Time In	Time Out	No. of Participants	No. of Instructors
Example: Monday	01/01/15	25m – 2 Lanes	1:00pm	2:30pm	12	1

(Please turn over and complete further information)

Insurance / First Aid Details

Does your school/organisation have public liability insurance of \$10million or more? If yes, please provide a copy of your Certificate of Currency.

Certificate of Currency attached: Yes No

Bluewater will provide First Aid and Emergency care for all bookings that are ran by Bluewater staff. For facility bookings that are unstaffed such as lane/court hire, your organisation will be required to provide first aid personnel and equipment.

Medical Conditions

If there are any medical conditions that may impact on a person's participation in the planned activity, Bluewater require details about the condition to provide the necessary emergency care if it becomes necessary.

Method of Payment

- School/Organisation to be invoiced. *(If relevant, please provide a Purchase Order from your organisation)*
Purchase Order Number: _____
- Participants to pay on the day.

Terms of Hire

- I hereby apply for hire of the premises set out in this application for the day and times specified. I have received and read the Terms of Hire and agree to comply in full. I further agree to be responsible for ensuring all individuals using the premises in association with this application shall comply with the Terms of Hire.

Signature: _____

Date: _____

Privacy Statement

The information contained in this document is collected to provide contact information for organisations or individuals wishing to book Bluewater facilities. This information may be disclosed to other Colac Otway Shire Departments or other third parties should it become necessary regarding matters related to this booking or use of the facility. All information will be used and records kept in accordance with the Information Privacy Act.

Office Use Only

Date Confirmation made: _____

Date Confirmation sent: _____

Price Quoted: _____

Payment Type: Invoice Pay on Day