



## Facility Booking Form

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

Organisation: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

ABN: \_\_\_\_\_ Fax: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Please note: Receipt of this form DOES NOT confirm your booking. Fees are charged in accordance with the annual Council Budget. Fees are subject to annual increases.

**PLEASE TICK FACILITY/PROGRAM YOU REQUIRE**

Dry Operations

<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Studio 1	<input type="checkbox"/> Sport Specific
<input type="checkbox"/> Stadium - No. of Courts _____	<input type="checkbox"/> Virtual Studio	<input type="checkbox"/> Group Fitness Program
<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: _____		

If you ticked 'Pool Party', please provide details on the child whose birthday you are celebrating...

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Day	Date	Facility / Program	Time In	Time Out	No. of Participants	No. of Instructors
Example: Monday	01/01/18	Studio 1	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.

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**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