

# APPLICATION FOR HIREAGE OF THE HASTINGS SPORTS CENTRE

1. Name of Organisation: \_\_\_\_\_

Contact Person: *(For bookings)* \_\_\_\_\_

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

Telephone: ( ) \_\_\_\_\_ (Business) ( ) \_\_\_\_\_ (Residential)

( ) \_\_\_\_\_ (Mobile)

Facsimile: ( ) \_\_\_\_\_

2. Invoicing Address: \_\_\_\_\_

3. Date(s) of use: \_\_\_\_\_

Day(s) of week: \_\_\_\_\_

4. Time(s) required for usage: \_\_\_\_\_

5. Type of booking: *(Please ✓ as required)*

Sport/Purpose of Booking

Regular club/organisation session  \_\_\_\_\_

Casual club/organisation session  \_\_\_\_\_

Function  \_\_\_\_\_

Tournament  \_\_\_\_\_

Other *(Please specify)* \_\_\_\_\_

6. Expected Number of Participants: \_\_\_\_\_ Spectators: \_\_\_\_\_

7. Hire of: *(Please ✓ as required)*

Main Hall

Function Room

Meeting Room 1

Meeting Room 2

Additional Facilities: *(Please ✓ as required)*

Function Room Kitchen

Ticket Office

Ground Floor Kitchen & Tuck Shop

First Aid Room

Lifts for People with disabilities

Tables & Chairs

Additional Resources (charges apply): (Please  as required)

- |                           |                          |                       |                          |
|---------------------------|--------------------------|-----------------------|--------------------------|
| Bleacher Seating (mobile) | <input type="checkbox"/> | Crockery              | <input type="checkbox"/> |
| Audio Visual Equipment    | <input type="checkbox"/> | Sound System          | <input type="checkbox"/> |
| Moving Sign Promotion     | <input type="checkbox"/> | Sports Equipment      | <input type="checkbox"/> |
| 3 Phase Power             | <input type="checkbox"/> | Tournament Phone Link | <input type="checkbox"/> |
| Referees Room             | <input type="checkbox"/> |                       |                          |

8. Will you be charging at the door? (Please  as required) Yes  No

I, the aforementioned hirer, acknowledge that I have received and understood the conditions for letting the Hastings Sports Centre and agree to abide by the same.

Name: \_\_\_\_\_ (Please print)

Signature of Hirer  
or Authorised Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Casual / Regular Hirer

Bond Paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Hold / Refund Receipt No. \_\_\_\_\_

Bond Refunded \$ \_\_\_\_\_ Date \_\_\_\_\_ Cheque No. \_\_\_\_\_

Commercial	International Sport	National Sport	Casual Non-Profit	Regular Non-Profit	School
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Facility	Day	Hours	Cost per Hour	Total	Less Discount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

GRAND TOTAL \$ \_\_\_\_\_

Hireage Paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Receipt No. \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

**Cheques to be made payable to Hastings District Council and mailed with a copy of this form to:**  
**Opal Taylor**  
**Hastings Sports Centre Bookings**  
**C/- Hastings District Council**  
**Private Bag 9002**  
**HASTINGS**