

Sports Oval Hire

APPLICANT DETAILS:

Name of Applicant _____

Name of Organisation (if applicable) _____

Address _____

Phone: _____ (H) _____ (W) _____ (Fax)

DETAILS OF HIRE:

Casual Seasonal

Name of Oval _____

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Place T = Training or C = Competition of tick applicable box

Date/s _____ to _____

Date/s _____ to _____

Date/s _____ to _____

Date/s _____ to _____

Other (eg social function, community event, etc) _____

I/We agree to be bound by the conditions determined by the Council or its delegate.

Signature of Applicant _____ Date _____

OFFICE USE ONLY

Permit Fee \$ _____ Receipt No. _____ Date _____

Keys Returned _____ Refund Approved _____

Approval granted / not granted subject to the following conditions:

Manager Infrastructure Operations _____ Date _____

Cnr Todd Street and Gregory Terrace

PO Box 1071 Alice Springs NT 0871

Tel: (08) 89 500 500 • Fax: (08) 89 530 558

Email: astc@astc.nt.gov.au • Web: www.alicesprings.nt.gov.au

