



Applicant Details

Organisation Name: (If applicable)					
Organisation Type: (Please select one)	<input type="checkbox"/>	Community and Non-Government	<input type="checkbox"/>	Commercial and Government	
Surname:					
Given Names:					
Address:			Suburb:		Postcode:
Postal Address:			Suburb:		Postcode:
Mobile number:		Home:		Work:	
Email Address:					
Contact during activity:	Name:		Contact:		

Details of Hire

Activity/Purpose of Booking:					
Type of Booking:	<input type="checkbox"/>	Casual/One-off	<input type="checkbox"/>	Event	<input type="checkbox"/>
Type of Event/Function:	<input type="checkbox"/>	Private	<input type="checkbox"/>	Community	<input type="checkbox"/>
	<input type="checkbox"/>	Corporate	<input type="checkbox"/>	Other (please specify):	
Description of Event if applicable:					
Date:	From		To		
Time:	From		To		
In the event of various days or times within the date range provided, please specify:					
Number of attendees:	Adults (16 Years+)	Children (5-15 Years)	Under 5 Years	Qualified personal: First Aid/ Bronze/ Lifeguard/ Swim Instructors	
Copy of Public Liability Certificate Provided:					

Derby

☎ (08) 9191 0999 | 30 Loch Street
✉ sdwk@sdwk.wa.gov.au | PO Box 94, Derby WA 6728

Fitzroy Crossing

☎ (08) 9191 5355 | Flynn Drive
✉ sdwk@sdwk.wa.gov.au | PO Box 101, Fitzroy Crossing



Declaration

Important: Please read and sign this declaration for your application to be processed

- 1. I/We hereby make application for the use of the Shire of Derby/West Kimberley facilities and services and will not hold liable the Shire of Derby/West Kimberley and its agents or employees for any personal injury or loss of property.
- 2. I/We have read and understood the terms and conditions of the use and agree to uphold them for as long as the term of this agreement.
- 3. I/We acknowledge that all information provided is true and correct to the best of my knowledge.

Signature of Applicant:		Date:	
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SHIRE ADMINISTRATION USE ONLY

All requirements received:		Officer Name:	
Entered into Calendar:		Officer Signature:	
Quote Emailed:			
Confirmation Emailed:			
Date:			

FEES AND CHARGES	
Cost per hour	
Total number of Hours	
Total Hire fee	
Receipt Number:	

Approving Officer:	
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Central Record Registration number: _____

Terms and Conditions – General Conditions (All venues) section;

"The hire of this facility is subject to compliance with COVID-19 State of Emergency directions. It is the responsibility of the hirer to ensure all directions are met. The Shire may require evidence from the hirer to acknowledge current restrictions and demonstrate how they are being met. Failure to comply with this request may result in your booking being cancelled."

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