

## Sports courts / Meeting rooms booking application form

**LeisureFit Melville / AH Bracks Library**  
 Corner Canning Highway and Stock Road  
 MELVILLE WA 6156  
 Ph (08) 9364 0858 or 9364 0808  
 Email [lol.endersby@melville.wa.gov.au](mailto:lol.endersby@melville.wa.gov.au)

### Contact details

Group name / organisation name \_\_\_\_\_

Contact person \_\_\_\_\_

Postal address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Are you a non for profit community group?  Yes  No (if 'yes' please attach a copy of your Certificate of incorporation)

### Court bookings – please tick the box and circle amount required

- Sports courts 1 – 2 – 3 Sport required \_\_\_\_\_
- Badminton courts 1 – 2 – 3 – 4 – 5 – 6 – 7 - 8

### Meeting room bookings – please tick the box of the room you wish to hire

- Meeting room # 1 - maximum occupancy 50 located in AH Bracks library
- Meeting room # 2 - maximum occupancy 25 located in AH Bracks library
- Meeting room # 3 - maximum occupancy 15 located in AH Bracks library
- Meeting rooms # 5 & 6 maximum occupancy 50 located in LeisureFit Melville
- Meeting room - creative lab - maximum occupancy 30 located in AH Bracks library

**Rooms are available to hire during the following hours**

**Monday – Friday**  
6.00am – 10.00pm

**Saturday**  
7.00am – 5.00pm

**Sunday**  
9.00am – 3.00pm

### Booking

Description of activity: \_\_\_\_\_ Number of attendees: \_\_\_\_\_

Are you charging a fee?  Yes  No (if 'Yes' please specify) \_\_\_\_\_

Will food or beverages be consumed  Yes  No (if 'Yes' please specify) \_\_\_\_\_

Day date/s of booking \_\_\_\_\_

Start time: \_\_\_\_\_ Finish time: \_\_\_\_\_

Do you have public liability insurance ?  Yes  No

If 'Yes' please attach if 'No' please go to our website and complete 'Public Liability Disclaimer Form'

Please read our terms and conditions available upon request or at [www.melvillecity.com.au/leisurefit](http://www.melvillecity.com.au/leisurefit)

“ I have read and understand the terms and conditions of hire and agree to abide by these and any other regulations, by laws, or act relevant to my hire of the requested space ”

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: ...../...../.....

**OFFICE USE ONLY**

Approved: YES / NO    Confirmation sent (date) ...../...../.....    Staff member: .....

Room/Court rate:    \$..... per hr x \_\_\_\_ hours    Non Commercial  Commercial

Payment method: \_\_\_\_\_    Total fee: \$.....

Casual     Ongoing     Plus 2 completed     Public Liability Received

Working with Children Check supplied     Number \_\_\_\_\_    Exp Date \_ / \_ / \_     Not applicable

**Additional requirements:**

Chairs \_\_\_\_\_

Tables \_\_\_\_\_

Urn     White Board     Multi Media Projector

Set up style: Theatre  Exam

Other  \_\_\_\_\_