

Denmark Recreation Centre

McLean Park Brazier St (PO Box 183) Denmark WA 6333
Phone: (08) 9848 2044 Fax: (08) 9848 2736
Email: denrec@denmarkwa.net.au
Website: www.denmark.wa.gov.au



Application For The Use Of A Council Reserve

Please complete and return form to the Recreation Centre prior to commencement of season.				
Please tick the respective se	ason			
Summer Season – Second Saturday in October to last Sunday in March				
Winter Season – Sec	cond Saturday in April	to last Sunday in October		
Club Name:				
Type of Sport:				
Membership Number Seniors:		Juniors:	Juniors:	
No. of Teams:				
No. of Registered Players: _				
Club Secretary:		Ph (H)		
Postal Address:		(W) _		
· 				
Contact Name:(other than Secretary)		Ph:	Ph:	
Reserve Required:(please use a separate form for ea				
Floodlighting Required				
Yes or No (please circle)	Yes	No		
Note: Please attach copy of	current Public Liabilit	y Insurance Policy or Cov	er Note (refer to condition 9)	
	Times	Required		
Day	From	То	Training or Competition	
	_			
This club agrees to abide by Reserves during the time the			ons of hire for Councils	
Sign	Position held i	in Club	Date	