

# HIREAGE APPLICATION



1. Name of Organisation: \_\_\_\_\_  
 Contact Person: (for bookings) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (Business) \_\_\_\_\_ (Residential)  
 \_\_\_\_\_ (Mobile) Email: \_\_\_\_\_

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

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

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

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

	Sport/Purpose of Booking
Regular club/organisation session <input type="checkbox"/>	_____
Casual club/organisation session <input type="checkbox"/>	_____
Function <input type="checkbox"/>	_____
Tournament <input type="checkbox"/>	_____
Other (please specify) _____	_____

6. Expected Number of Participants:

**Note: Occupant capacities limits apply to this facility - the following spaces cannot exceed the capacities listed.**

Space	Expected Number Participants	Expected Number Spectators	Total	Capacity Limit
Main Hall				950
Grandstand				275
Function Room				150
Bleachers (50 per unit)				200
<b>Facility Total</b>				<b>950</b>

7. Hire of: (Please ✓ as required) Extra charges apply for additional areas

Main Hall   
Function Room

Additional Facilities: (Please ✓ as required)

Lifts for people with disabilities   
Tables & Chairs

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

Function Room	<input type="checkbox"/>	Ticket Office	<input type="checkbox"/>
Changing Rooms	<input type="checkbox"/>	Bleacher Seating (mobile)	<input type="checkbox"/>
Sound System	<input type="checkbox"/>	Audio Visual Equipment	<input type="checkbox"/>
Three Phase Power	<input type="checkbox"/>	Sports Equipment	<input type="checkbox"/>

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

9. Does your entity have public liability insurance? Yes  No

10. Does your entity have contents insurance? Yes  No

In signing this application for hire you are confirming that you have read and understood; and commit to abiding by the Terms and Conditions of the Hire Agreement of the Hastings Sports Centre and that you have provided Sports Centre management with a Risk Assessment and Management Plan.

Note: Your Risk Assessment and Management Plan will need to show how you plan to contain numbers within the capacity loading.

Your plan will need to be approved by HDC Health and Safety team before you booking is confirmed.

Name: \_\_\_\_\_ (please print)

Signature of Hirer

or Authorised Agent: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT

### Cheque

Made payable to **Hastings District Council** and mailed with a copy of this form to:

Hastings Sports Centre Bookings  
C/- Hastings District Council  
Private Bag 9002  
HASTINGS

### Online Banking

Hastings District Council Bank account number: 03 0642 0281000 000

Please email a copy of the deposit details to: [hastingsportscentre@hdc.govt.nz](mailto:hastingsportscentre@hdc.govt.nz)

**OFFICE USE ONLY**

Bond Paid \$ _____	Date: _____	Receipt No. _____			
Bond Refunded \$ _____	Date: _____	Cheque no. _____			
<b>Facility</b>	<b>Date</b>	<b>Hours</b>	<b>Cost per hour</b>	<b>Total</b>	<b>Less Discount</b>
<b>TOTAL \$</b>				_____	
Sundry Debtor	Y / N/A	Date: _____			
Hireage Paid \$	_____	Date: _____	Receipt No.	_____	

**OFFICE USE ONLY**

**KEY DEPOSIT**

Key No.	Date Issued	Date Returned

Signature of Hirer: \_\_\_\_\_

Signature of Manager: \_\_\_\_\_

Key Deposit Paid \$ \_\_\_\_\_

Date: \_\_\_\_\_

Receipt No. \_\_\_\_\_

Key Deposit Refunded: \_\_\_\_\_

Date: \_\_\_\_\_

Cash / Direct Debit: \_\_\_\_\_

Bank account number: \_\_\_\_\_

Checklist

- Hire Agreement given
- Standard Procedures and Emergency Evacuation given
- Risk Assessment & Management Plan received
- Site induction
  - Disabilities Register
  - Fire Warden and First Aid
  - Clean up - dry mop/excess rubbish
  - Approved footwear
  - Chewing gum
  - Alcohol, food and licences
  - Decorations/signage
- Hirer invoiced
- Hirer invoice paid
- User Group Survey given