



Sport and Recreation Services

## KIDS AT PLAY ACTIVITY PROGRAM - BOOKING FORM FEE FOR SERVICE

### Details of Organisation

Organisation name	
Contact officer	
Work phone	
Mobile phone	
Email	
Fax	

### Details of Activity / Event

Event name	
Event address	
Date - Option 1	
Date - Option 2	
Date - Option 3	
Start time	
Finish time	
Expected number of participants (minimum 20)	
Has Kids at Play attended the event previously?	
Are indoor facilities available at the site?	

- I have read the Kids at Play Activity Program 2010 Booking Information and agree to all conditions outlined in the document.
- I have attached a current copy of our Public Liability Insurance certificate for the event.
- I understand Sport and Recreation Services will invoice me for payment following the event.
- I will brief all staff associated with this activity / event about Kids at Play and their responsibilities while the activity program is in attendance.

Signed: \_\_\_\_\_

Title / Position: \_\_\_\_\_ Date: \_\_\_\_\_

Please return signed form to:

**Kids at Play Activity Program**

Fax: 6207 2071  
Email: [grant.voysey@act.gov.au](mailto:grant.voysey@act.gov.au)  
Post: PO Box 147, Civic Square ACT 2608

Organisations will receive advice on the success of their booking request via email within two weeks of the identified closing date.