CHECKLIST

Please complete all sections and submit the following information with this form:

* Incorporation Certificate (New Clubs Only) 🞏
* Public Liability Insurance - Certificate of Currency ($10,000,000 minimum); and 🞏
* Annual General Meeting Report (including financial statement) 🞏
* Current Key Holder List (listing full name of each key holder and key number) 🞏
* Please acknowledge that the Club has a documented risk management plan. 🞏

**Please note that your application will not be considered without the above attachments**

Return to: *Sport and* *Recreation Development Officer, Wyndham City Council, PO Box 197, Werribee, 3030.*

*Fax: 9741 6237 or Email:* [*Lewis.Tuck@wyndham.vic.gov.au*](mailto:Lewis.Tuck@wyndham.vic.gov.au) *or* [*Cameron.Andison@wyndham.vic.gov.au*](mailto:Cameron.Andison@wyndham.vic.gov.au)

## CLUB CONTACT DETAILS

|  |  |  |
| --- | --- | --- |
| Club Details | | |
| Name of Club: | | |
| League / Competition affiliated with: | | |
| Club Mailing Address: | | Email: |
| President | | |
| Name: | | Phone: (H) |
| Address: | | Phone: (W) |
| Suburb: | P/Code: | Phone: (M) |
| Email: | | Fax |
| Signed: | | Date: |
| Club Liaison Officer *(this person will be Council’s primary contact for all Club related matters).* | | |
| Name: | | Phone: (H) |
| Address: | | Phone: (W) |
| Suburb: | P/Code: | Phone: (M) |
| Email: | | Fax |
| **Public Contact Point** *(this persons details will be given out as the contact for any public enquiries).* | | |
| Name: | | Phone: (H) |
| Address: | | Phone: (W) |
| Suburb: | P/Code: | Phone: (M) |
| Email: | | Fax |

## PARTICIPATION INFORMATION

|  |  |
| --- | --- |
| **Participation Survey** | |
| Total No. Members (incl. Social): | No of registered players: |
| Adult Players: | Junior Players: |
| Male Players: | Female Players: |

## GOVERNANCE INFORMATION

|  |  |
| --- | --- |
| **Governance Survey** | |
| Number Of Committee Members: | How often are meetings held? |
| Number of Male Committee Members: | Number of Female Committee Members: |

**PAVILION & GROUND USAGE INFORMATION**

**Please complete this section** **to outline your Club’s specific usage requirements for the Summer season - 1 October to 31 March. It is important to request times that reflect actual use to enable Council to plan and implement appropriate maintenance schedules and to correctly invoice seasonal fees and charges**. Requests to change allocation days/times during the season should be requested via your Sport & Recreation Officer.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SEASON DATES** | | | | | |
| **Home & Away Season**  **Start Date** |  | **Home & Away Season**  **Finish Date** |  | **Start of Finals &**  **Grand Final Date** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **WEEKLY TRAINING AND COMPETITION REQUIREMENTS** | | | | | | | | |
| **Day** | **Time** | **Competition or Training** | **Teams/ Age Groups** | **Playing Area Required** | **Pavilion Required?** | | **Social Room Usage Times** | |
|  | *e.g. 9am -4:30pm* | *e.g. Competition* | *e.g. U/15 & U/18, Seniors* | *e.g. Saltwater Reserve No.2 Oval* | *e.g.*  *Yes or No* | | *e.g. 9.00am -9:30pm* | |
| Mondays |  |  |  |  |  | |  | |
| Tuesdays |  |  |  |  |  | |  | |
| Wednesdays |  |  |  |  |  | |  | |
| Thursdays |  |  |  |  |  | |  | |
| Fridays |  |  |  |  |  | |  | |
| Saturdays |  |  |  |  |  | |  | |
| Sundays |  |  |  |  |  | |  | |
| **FINALS HOSTING/ SPECIAL EVENTS/ MEETINGS** | | | | | | | | |
| **Date(s)** | **Times** | **Type of Event** | | **Playing Area** | | **Pavilion Required?** | | **Social Room Usage Times** |
|  |  |  | |  | |  | |  |
|  |  |  | |  | |  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TEAM NUMBERS/TIME SLOTS** | | | |
| **Time Slot** | **Number of Teams** | **List of Teams** |
| *e.g. Saturday Morning* | *4* | *U/11, 2 x U/13, U/17* |
| Friday Night |  |  |
| Saturday Morning |  |  |
| Saturday Afternoon |  |  |
| Sunday Morning |  |  |
| Sunday Afternoon |  |  |

**CRICKET CLUB ALLOCATIONS (ONLY)**

|  |  |  |  |
| --- | --- | --- | --- |
| **TEAM NUMBERS/TIME SLOTS** | | | |
| **Time Slot** | **Number of Teams** | **List of Teams** |
| *e.g. Saturday Morning* | *4* | *U/11, 2 x U/13, U/17* |
| Friday Night |  |  |
| Saturday Morning |  |  |
| Saturday Afternoon |  |  |
| Sunday Morning |  |  |
| Sunday Afternoon |  |  |
|  |  |  |
| **PARTICIPATION PROGRAMS** | | | |
| **Program** | **Day** | **Time** |
| *e.g. Milo* | *Monday Night* | *5pm – 7pm* |
| Miloin2Cricket |  |  |
| T20 Blast |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**All Cricket Clubs are required to complete this section** **to outline your Club’s specific competition requirements and assist in the planning of allocating grounds.** Please note down all teams that are expected to register, if team numbers decrease please let your SRDO know as soon as possible.