**Background pattern

Description automatically generatedUSER AGREEMENT**

**Please complete form in BLOCK LETTERS, tick appropriate boxes, complete all relevant sections & sign and date Agreement.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION A - CONTACT DETAILS** | | | | |
| **Username (Organisation):** | | | | |
| **Contact Name:** |  | | **Position:** | |
| **Postal Address:** | | | | |
| **Home Phone:** | **Work Phone:** | | **Fax:** | |
| **Mobile:** | **Email Address:** | |  | |
| **\*Clients will be required to provide account details for refund requests. Personal accounts will be subject to further scrutiny.** | | | | |
| **For Office Use Only** | | **Categories of Facility Users** | | |
| **Category I** | | **Category II** | | **Category III** |
| **General Public Schools Church ** | | **NF Nat Team HP Community ** | | **Commercial Event ** |

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| **SECTION B - FACILITY DETAILS** | | | | | | | | | | | |
| **Facility** | | | **Indoor Arena** | |  | **National Stadium** | |  | | **HP Gym** |  |
| **Utilities Required** | **Facility Useage Gates opened Toilets/Change Rooms  Electricity Extra Bins ** | | | | | | | | | | |
| ***Stadium:*** | **Officials Room Media Room  Changing Rooms ** | | | | | | | | | | |
| ***Arena:*** | **Conference Room Lounge & Kitchen Changing Rooms  Office ** | | | | | | | | | | |
| **Time Require** | **Opening Time** | |  | | | **Closing Time** | | |  | | |
| **Date(s) Required** | **Single Use** | |  | | | **Block Booking**  **(Subject to conditions)** | | |  | | |
|  | | | | | | | | | | |
| **Lighting Time Requirements** | | **Time On** | |  | | | **Time Off** |  | | | |
| **Any Special Requirements:** | | | | | | | | | | | |
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| **SECTION C - EVENT/BOOKING DETAILS *(48 hours’ notice required)*** | | | | | | | | |
| **Purpose of Use:** (Sport to be played) | | | | | | | | |
| **Use:** | **Event Competition Season Casual Use** **** **School Training  HP  National Team  Other ** | | | | | | | |
| **Anticipated Numbers** | | **Registered Players** | |  | | **Spectators** | |  |
| **Will tickets be sold for the event** | | | **YES** | |  | | **NO** |  |
| **Will there be a cover Charge or Donation at the door** | | | **YES** | |  | | **NO** |  |
| **Do you charge a fee for your service** | | | **YES** | |  | | **NO** |  |
| **Other Comments** | | | | | | | | |
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| **SECTION D – SCHEDULE OF CONDITIONS** | | | |
| ***Please ensure read your organisation/club reads and understands the attached Schedule of Conditions relating to:*** | | | |
| * **Occupational Health & Safety** | * **Fees & Charges** | * **Public Liability Insurance** | * **Risk Treatment Plans** |
| * **Personal Protection Equipment** | * **Injury Reports** | * **Risk Assessment** | * **Smoking Policy** |
| * **Loss & damage to Property** | * **Cleaning of Facilities** | * **Car Parking** | * **Electrical Tagging** |

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| **SECTION F - DECLARATION** | |
| * **I declare (as a representative of the above organisation) that I have read and understood the Schedule of Conditions** * **I agree (as a representative of the above organisation) to comply with the Schedule of Conditions set by CISNOC and act upon all reasonable direction from any officer of CISNOC or representative appointed by CISNOC.** * **I declare that the information given above is true and correct.** * **I consent to the collection of information by the Cook Islands Sports & National Olympic Committee to verify all information and requirements provided.** | |
| **Applicant’s Signature (on behalf of the user):** | **Date:** |
| **Position in Organisation:** |  |

**Cook Islands Sports &**

**National Olympic Committee**

**PO Box 569, Rarotonga,**

**COOK ISLANDS**