LatrobeCity Your number 1 events destination

LatrobeCity a new energy

EVENT APPLICATION & REGISTRATION FORM

DETAILS: **Date of Application __ /__ /__**

Name of Event:_____

Date/s of Event:_____

Start Time: _____**am/pm** **Finish Time:** _____**am/pm**

Location/ Venue Address: _____
(Please supply map details if specific location)

Target Audience: _____ **Approximate Numbers:** _____

TYPE OF EVENT: ☑

☐ **Arts - Exhibitions** ☐ **Arts Festivals** ☐ **Community Celebrations**

☐ **Community General** ☐ **Community Markets** ☐ **Hobby Exhibitions / Shows**

☐ **Hobby General** ☐ **Sport & Rec – General** ☐ **Sport & Rec – Water Sports**

☐ **Sport & Rec – Racing** ☐ **Other please specify:** _____

Brief Description: _____
_____

CONTACT DETAILS:

Organisation: _____

Name of Representative: _____

Address: _____

Telephone:_____ **Mobile:**_____**Facsimile:** _____

Email: _____ **Website:** _____

Will you require road closures?	**Yes**	☐	**No**	☐
Do you intend to supply food / refreshments?	**Yes**	☐	**No**	☐
Do you intend to serve alcohol?	**Yes**	☐	**No**	☐
Will be need rubbish collection?	**Yes**	☐	**No**	☐
Will you be erecting signage?	**Yes**	☐	**No**	☐

IMPORTANT – THE LATROBE VISITOR INFORMATION CENTRE

Please supply the Centre with information about your event e.g. maps, flyers for your competitors, attendees and visitors to the region. Contact Free Call: 1800 621 409

The "Power of Events Calendar" includes information on the accessibility of events for people with a disability. This information will inform people with a disability in advance of the accessibility of particular events to enable them to enjoy the wide variety of activities on offer.

Access Symbol	Description Checklist	Yes	No
P	Do people attending your event have access to accessible (disabled) parking facilities?		
V	Is your venue accessible to people with a disability? This includes flat access from parking facilities, accessible entrances (no steps) and access to all areas and activities included in the event.		
T	Do people attending your event have access to accessible (disabled) toilet facilities?		
H	Do people attending your event have access to an Assistive Listening System?		

PUBLIC LIABILITY INSURANCE

Please provide details of your public liability insurance policy. The policy must be extended to specifically cover the event. Latrobe City requires a minimum of $10million with Latrobe City mentioned on the policy. Please attach a copy of the organisations Certificate of Currency.

Do you wish for your event details to be advertised in the Power of Events Calendar? **Yes / No**

Signature: _____ **Date:** _____

Register your event via post, fax, email or on the web

Submit the completed application via:

Post: Attention: Destination Latrobe - Events
Latrobe City Council
PO Box 264, MORWELL 3840

Fax: (03) 5128 5672

Email: events@latrobe.vic.gov.au

Register on line website:
www.latrobe.vic.gov.au/events/

Telephone: 1300 367 700

OFFICE USE ONLY				
Date received: __/__/__		Officer:		
Referred to:	Latrobe Visitor Information Centre	Yes / No	Copied	Yes / No
	City Strategy	Officer:		
	City Relations	Officer:		
	City Infrastructure	Officer:		
Date of response: __/__/__		Verbal / Letter / Confirmation only		