

APPLICATION FOR USE OF BATHS



Name of Group:	
Contact Name:	
Phone:	
Fax:	
Activity (eg. Life Saving, carnival):	
Date Required:	
Time Required:	
Approximate Number of People:	
Name & Qualifications of Supervisor: (Copy attached to original application)	_____ _____ _____

OFFICE USE ONLY

Dear _____

YOUR APPLICATION FOR USE OF BATHS HAS BEEN APPROVED / NOT APPROVED

DETAILS ARE:

SUPERVISOR APPROVED: YES / NO

DATE & TIME APPROVED: YES / NO

YOU WILL SHARE BATHS WITH:

SPECIAL CONDITIONS

Signed

Position

Date