

lifestyle location of choice

RECORD NO:

PO Box 396, Kadina 5554 • 51 Taylor St, Kadina 5554 • **ABN** 36 670 364 373 **Tel** 08 8828 1200 • **Email** <u>info@coppercoast.sa.gov.au</u> • **Web** <u>www.coppercoast.sa.gov.au</u>

EVENT SUPPORT

APPLICATION FORM							
individuals and	n obtained from this document will allow the Copper Coast Council to engage with local organisations to determine their interest and capacity to host or manage events. This assist Council to evaluate the proposed event and to give an educated assessment on the required.						
ORGANISATIO	N.						
ORGANISATION NAME							
POSTAL ADDRESS							
ABN	☐ YES ☐ NO - Please supply "Statement by Supplier" REGISTERED FOR GST ☐ YES ☐ NO						
APPLICANT							
NAME							
POSITION							
MOBILE PHONE	ALTERNATE PHONE						
EMAIL							
EVENT DETAIL	S						
EVENT NAME							
TYPE	☐ MUSIC ☐ FOOD & WINE ☐ CULTURAL ☐ SPORTING ☐ SPECIAL INTEREST						
	 □ Local event – example: fetes, local markets, local sporting event □ Regional event – attract people and interest from outside the region - example: regional level sporting events, Copper Coast 500 Sprints □ Hallmark event – events strongly identified with the region and will attract Intrastate, □ Interstate and International interest example: Kernewek Lowender, Copper Coast Cycling Cup, State & National level sporting events. 						
DESCRIPTION							

LOCATION					PUBLIC LIABILITY	☐ YES	□ NO
DATE AND TIME					ESTIMATED ATTENDANCE		
EVENT STATUS	□ NEW or □ PREVIOUSLY BEEN HELD & □ ONE-OFF or □ WILL BE REPEATED						
WHAT SUPPORT SOUGHT FROM		Financial In kind	\$ \$	value value	WILL AN ENT FEE BE CHAR		S □ NO
WILL THE EVENT GENERATE INCOME? If so where will the income be allocated		☐ YES	□ NO				
DOES THE EVENT HAVE FINANCIAL SUPPORT FROM OTHER AREAS? If so who are the funding partners		☐ YES	□ NO				
DOES THE EVENT REQUIRE THE PAYMENT OF ANY HOSTING FEES? If so who are these fees payable to		☐ YES	□ NO				
WHO IS THE TAP MARKET FOR TH							
HOW WILL THE PROMOTED?	EVENT BE						
HOW WILL THE EVENT BENEFIT THE BROADER COPPER COAST COMMUNITY?							
COMMUNITY?							
PROJECT CRITE		l - dd			e en alta	. Proceed heat	
PROJECT CRITE Please explain Objectives: To pror cultura and ser	how your of the mote and im I and recreat relices.	prove comr tional need	munity harn s in the com	nony by supp	orting initiatives	ctives as listed belows that address the dividencess and usage of co	versity of social,

ANY IDENTIFIE	OOES THE EVENT HAVE ANY IDENTIFIED RISKS?						
If so please list							
HOW WILL YOU THE SUCCESS (
OTHERWISE OF EVENT?	F THE						
OTHER COMM SUPPORT OF Y	_						
APPLICATION							
DECLARATION							
Attached is:							
☐ Any support documentation. Documentation should be kept to a minimum of two pages unless otherwise negotiated. This excludes documentation for other items listed below.							
☐ A copy of relevant insurance/s (cover page).							
☐ A copy of the most recent budget.							
To be signed by two signatories on behalf of the applicant organisation.							
SIGNATURE			DATE				
NAME			POSITION				
SIGNATURE			DATE				
NAME			POSITION				

Return this application, or any enquiries to:

Chloe Barrett

Tourism & Events Officer

Copper Coast Council

PO Box 396

51 Taylor Street,

KADINA SA 5554

Phone: 8828 1200 or 8821 2333

Email: info@coppercoast.sa.gov.au