



lifestyle location of choice

PO Box 396, Kadina 5554 • 51 Taylor St, Kadina 5554 • ABN 36 670 364 373
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EVENT SUPPORT

RECORD NO :
 FILE NO : 7.41.6

APPLICATION FORM

The information obtained from this document will allow the Copper Coast Council to engage with local individuals and organisations to determine their interest and capacity to host or manage events. This information will assist Council to evaluate the proposed event and to give an educated assessment on the level of support required.

ORGANISATION			
ORGANISATION NAME			
POSTAL ADDRESS			
ABN	<input type="checkbox"/> YES <input type="checkbox"/> NO - Please supply "Statement by Supplier"	REGISTERED FOR GST	<input type="checkbox"/> YES <input type="checkbox"/> NO

APPLICANT			
NAME			
POSITION			
MOBILE PHONE		ALTERNATE PHONE	
EMAIL			

EVENT DETAILS	
EVENT NAME	
TYPE	<input type="checkbox"/> MUSIC <input type="checkbox"/> FOOD & WINE <input type="checkbox"/> CULTURAL <input type="checkbox"/> SPORTING <input type="checkbox"/> SPECIAL INTEREST <input type="checkbox"/> Local event – example: fetes, local markets, local sporting event <input type="checkbox"/> Regional event – attract people and interest from outside the region - example: regional level sporting events, Copper Coast 500 Sprints <input type="checkbox"/> Hallmark event – events strongly identified with the region and will attract Intrastate, <input type="checkbox"/> Interstate and International interest example: Kernewek Lowender, Copper Coast Cycling Cup, State & National level sporting events.
DESCRIPTION	

DOES THE EVENT HAVE ANY IDENTIFIED RISKS? If so please list	<hr/> <hr/> <hr/>
HOW WILL YOU MEASURE THE SUCCESS OR OTHERWISE OF THE EVENT?	<hr/> <hr/> <hr/>
OTHER COMMENTS IN SUPPORT OF YOUR APPLICATION	<hr/> <hr/> <hr/>

DECLARATION			
Attached is:			
<input type="checkbox"/> Any support documentation. Documentation should be kept to a minimum of two pages unless otherwise negotiated. This excludes documentation for other items listed below.			
<input type="checkbox"/> A copy of relevant insurance/s (cover page).			
<input type="checkbox"/> A copy of the most recent budget.			
<i>To be signed by two signatories on behalf of the applicant organisation.</i>			
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