BHMG Major Event and Tournament Application Form_20261029

For State Championships, National Championships, Association Carnivals, Representative Carnivals, Schools Championships, Governing Body Events, Multi-Day Tournaments and Other Major Events

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Applicant Details

Organisation:

Event Organiser:

Position:

Email:

Phone:

Secondary Contact Person:

Phone:

Event Details

Event Name:

Event Type:

☐ Association Carnival

☐ Representative Carnival

☐ State Championship

☐ National Championship

☐ Schools Competition

☐ Tournament

☐ Governing Body Event

☐ Other (please specify)

Purpose of Event:

Event Dates:

From: _____

To: _____

Operating Hours:

From: _____

To: _____

Location(s) Requested:

☐ Field 1

☐ Field 2

☐ Clubhouse

☐ Function Area

☐ Other

Event Attendance

Expected Number of Participants:

Expected Number of Officials / Volunteers:

Expected Number of Spectators:

Peak Attendance Expected:

Event Operations

Will the event require any of the following?

Requirement	Yes	No
Additional parking arrangements	☐	☐
Traffic management	☐	☐
Security personnel	☐	☐
First aid services	☐	☐
Medical services	☐	☐
Temporary infrastructure	☐	☐
Marquees	☐	☐
Generators	☐	☐
Additional seating	☐	☐

If Yes, provide details:

Food and Beverage Activities

Will food be sold or provided?

☐ Yes

☐ No

If yes, provide details:

Will beverages be sold or provided?

☐ Yes

☐ No

If yes, provide details:

Will external food vendors attend?

☐ Yes

☐ No

If yes, provide details of all vendors:

Vendors and Commercial Activities

Will any of the following be present?

☐ Merchandise vendors

☐ Sponsor activations

☐ Exhibitors

☐ Commercial displays

☐ Product demonstrations

☐ Other commercial activities

If yes, provide details:

Signage and Sponsorship

Will sponsor or event signage be displayed?

☐ Yes

☐ No

If yes:

Name of Sponsors:

Type of Signage:

Proposed Location(s):

Fundraising Activities

Are any fundraising activities proposed?

☐ Yes

☐ No

If yes, provide details:

Raffles / Art Unions

Will a raffle or art union be conducted?

☐ Yes

☐ No

If yes:

Ticket Price:

Number of Tickets:

Prize Details:

Prize Value:

Draw Date:

Alcohol

Will alcohol be requested as part of the event?

☐ Yes

☐ No

If yes, provide details:

Note: Approval of this application does not constitute approval for the sale, supply or service of alcohol. Any alcohol-related activity must comply with the current Kedron Wavell Alcohol Procedure and applicable liquor licensing requirements.

Amplified Sound

Will amplified sound be used?

Examples include:

- Public address systems
- Speakers
- Music systems
- DJs
- Live entertainment
- Microphones
- Announcer systems

☐ Yes

☐ No

If yes:

Description of Equipment:

Purpose of Use:

Time Sound Will Commence:

Time Sound Will Cease:

Note: Amplified sound is generally prohibited unless expressly approved. Requests involving amplified sound may require additional approvals and must generally be submitted at least 21 days prior to the event.

Risk Management and Compliance

Please indicate which documents are attached:

☐ Event Management Plan

☐ Risk Assessment

☐ Traffic Management Plan

☐ Security Plan

☐ Emergency Management Plan

☐ Site Plan

☐ Public Liability Insurance Certificate

☐ Vendor Insurance Certificates

☐ First Aid / Medical Plan

☐ Other Supporting Documentation

Details:

Event Organiser Declaration

I certify that the information contained in this application is true and correct.

I acknowledge and understand that:

- Approval must be obtained before the event proceeds.
- Additional approvals, permits or licences may be required.
- Approval of the event does not automatically approve alcohol service.
- Approval of the event does not automatically approve amplified sound.
- BHMG may impose conditions, require additional information, refuse approval or withdraw approval where necessary.
- The organiser is responsible for compliance with all applicable legislation, licences, permits and BHMG policies.

Applicant Name:

Position:

Signature:

Date:

BHMG Use Only

Application Received:

Reviewed By:

Date Reviewed:

Additional Information Required?

☐ Yes

☐ No

If Yes, details:

Decision

☐ Approved

☐ Approved Subject to Conditions

☐ Further Information Required

☐ Declined

Conditions / Comments

Approval Officer

Name:

Position:

Signature:

Date:

Additional Approvals Required

☐ Alcohol Approval

☐ Amplified Sound Approval

☐ Sponsorship / Signage Approval

☐ External Vendor Approval

☐ Risk Management Review

☐ Other
