



Group Fitness Application

(including personal training)

CITY OF VINCENT

Name of Organisation	
Postal Address	
Website Address	

1st Contact (for all group fitness and personal training related matters)	
Name:	Position:
Contact No:	Email:
2nd Club Contact	
Name:	Position:
Contact No:	Email:

Program Information	
Type of activity	
Equipment used	

Commencement Date	Date From		Date To	
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Group Fitness Fees and Charges	
Small Group (up to 5 clients)	\$330.00
Medium Group (5 – 10 clients)	\$660.00
Large Group (10 – 20 clients)	\$1370.00

This application form must be completed and returned to the Chief Executive Officer,
City of Vincent Administration and Civic Centre, 244 Vincent Street LEEDERVILLE WA 6007,
or posted to : PO Box 82, LEEDERVILLE WA 6902
Tel: (08) 9273 6565 Fax: (08) 9273 6099 mail: facilitybookings@vincent.wa.gov.au

Parks	
1 st Preference	
2 nd Preference	

Park & Session Information				
Groups		Days	Times – AM	Times - PM
Number of sessions conducted per week		Monday	<input type="checkbox"/>	to to
Average number of clients per session		Tuesday	<input type="checkbox"/>	to to
Floodlights (where applicable)		Wednesday	<input type="checkbox"/>	to to
Number of hours required per session		Thursday	<input type="checkbox"/>	to to
Total hours		Friday	<input type="checkbox"/>	to to
		Saturday	<input type="checkbox"/>	to to
		Sunday	<input type="checkbox"/>	to to

Documents Required (prior to permit approval)	Provided			
Proof of Senior First Aid Qualification	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Proof of Public Liability Insurance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Proof of Fitness Australia Exercise Professional Registration (e.g. registration letter)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Proof of Yoga Australia / Pilates Alliance Australia Registration (as applicable)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

I hereby acknowledge the information contained in the Group Fitness Guidelines and agree to abide by these guidelines. I certify that the information provided in this application is true and correct, and it is in line with the guidelines set forth by the City of Vincent.

Signature _____ Date: ____ / ____ /20 _____