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| Folder | 212243 | Workflow | Communities | Doc ID |  | Box No |  |
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| Requests for assistance must be submitted at least 15 business days prior to your event. Before submitting your application, please read the North Burnett Transport Service Terms and Conditions for Sponsorship.  **Information Privacy Act 2009 collection notice** – Council is collecting this information to process your application. This information will not be disclosed to any other third party without your written or verbal authorisation unless we are required to by law. | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **ORGANISATION/CLUB** | | | | | | | | | | | | |  | | | | | | | | | | | | | **Organisation / Club name** | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | **YOUR DETAILS** | | | | | | | | | | | | |  | | | | | | | | | | | | | **First name** | | | |  | **Surname** | | | | | | | |  | | | |  |  | | | | | | | |  | | | | | | | | | | | | | **Position with organisation / Club (e.g. President, Secretary)** | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | **Email Address** | | | | | | |  | **Mobile / contact number** | | | | |  | | | | | | |  |  | | | | |  | | | | | | | | | | | | | **Address** | | | | | | |  | **Postcode** | | | | |  | | | | | | |  |  | | | | |  | | | | | | | | | | | | | **EVENT DETAILS** | | | | | | | | | | | | |  | | | | | | | | | | | | | **Event / Function Name** | | | | | | | | |  | **Date of event** | |  | | | | | | | | |  |  | |  | | | | | | | | | | | | | **Location of Event** | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | **Details of Event** | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | **TRANSPORT REQUIREMENTS** | | | | | | | | | | | | |  | | | | | | | | | | | | | **Pick up address** | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | **Pick-up time** | |  | **Expected departure time** | |  | **Bus** | | | | | | | |  | |  |  | |  | 9 seats  18 seats | | | | | | | |  | | | | | | | | | | | | | | **Number of Passengers** | |  | **Wheelchair Lift** | |  | **Will there be excess baggage (e.g. more than 1 carry on per passenger)** | | | | | | | |  | |  | Yes  No | |  | Yes  No | | | | | | | |  | | | | | | | | | | | | | **Details of any excess baggage you are seeking approval to travel with** | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | **HOW WILL SUPPORT FROM COUNCIL BENEFIT YOUR CLUB/ORGANISATION?** | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | **DECLARATION** | | | | | | | | | | | | |  | | | | | | | | | | | | |  | I have read, understood and agree to the NBTS Sponsorship Terms and Conditions**.** | | | | | | | | | | | |  | I confirm that my application is on behalf of a Not for profit community organisation or group. | | | | | | | | | | | |  | I understand this application does not guarantee sponsorship by the North Burnett Transport Service and each application is subject to bus and driver availability, the event is not held overnight and travel will take place between 1 March 2022 and the 28 June 2022. | | | | | | | | | | | |  | | | | | | | | | | | | | **SIGNATURE** | | | | | | | | | | | | | |  |  |  | | --- | --- | --- | | **First Name** |  | **Last Name** | |  |  |  | |  | | | | **Signature** |  | **Date** | |  |  | Click or tap to enter a date. | | | | | | | | | | | | | | | | | | | | |

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| **LODGEMENT OF YOUR APPLICATION** | | | |
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| **Mail:** | PO Box 390, Gayndah, Qld 4625 | **Email:** | [admin@northburnett.qld.gov.au](mailto:admin@northburnett.qld.gov.au) |
| **In person** | Visit our Library and Customer Service Centres | **Phone:** | 1300 696 272 |
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