



Bexley Swimming Centre
98C Preddys Road Bexley
Phone: 9150 4594 Fax: 9554 4890

Carnival Booking Form

Day(s) Required:

Date: _____
 Monday Tuesday Wednesday
 Thursday Friday Saturday

Alternative Dates: _____

Time Required:

Start time: _____ Finish time: _____

Times of breaks: _____

Pool(s) Required:

- Teaching Pool _____ If available
 Outdoor 50m Pool _____ Lanes (1 to 8)
 Splash Pool
 Side Lanes Lane ropes Open (no lane ropes)

Attendances:

Total numbers: _____ Numbers of supervising staff _____

Will attendees be buying from the kiosk?

No Yes Approx. times: _____ to _____

Equipment:

- Use of club room Tables _____ Number (1 to 4)
 False start rope Chairs _____ Number (1 to 12)
 Starter Umbrellas _____ Number (1 to 4)
 False start rope PA system

Your Checklist:

- Risk Assessment Name: _____
 Emergency Procedure Signed: _____