



Application to Use Municipal Facilities/ Venues
Hoopstad

Date: _____

Details of Applicant:

Name & Surname	
Cell Number	
Home Address	
Signature	

Requested Venue/Facility:

FACILITY NAME	PLEASE TICK ✓ REQUIRED FACILITY	Date Requested	Reason for Request
Town Hall			
Tikwana Hall			
Tikwana Stadium			
Town Stadium			

For Office Use:

Application Status	Approved		Not Approved	
Reason for non-approval				

Recommended by Manager:

Date: _____

Approved by Director:

Date: _____

**Applicant to pay deposit within 10 days from date of approval otherwise venue will be forfeited -
Proof of payment to be submitted to the office of the Director**