Connecting

Communities

Thursday 11 April 2024 9:00am - 12:00pm **Hartfield Park Recreational Centre**

Please register your interest in participating in this year's community event.

Registrations close Monday 4 March 5:00pm.			All fields are require
Group/Organisation	Details		
Organisation type:	Sporting Club	Community Group	Community-focused Organisation**
If you selected Communit	ry-focused Organisation, p	lease clarify your organisation	's industry:
Group/Organisation's nan	ne:		
What does your servce off	er for the City of Kalamuno	da community?:	
Who is your target demog	raphic?:		
How would your organisa	tion/group benefit from th	nis event?:	

Event information	The purpose of this event is to connect with the local community. This can be via an information booth, demonstration and/or activity.			
Outline your preferred method(s) of engagement:			
10-30 minute stage demonstration/	10-30 minute presentations in the multipurpose room	Information Booth* (1x Trestle Table and 1x Chair)		

If you selected Information Booth, please check a selection:

performance

Manned	Manned 3m x 3m	Manned 6m x 6m	Unmanned 3m x 3m	Game or activity
(Outside with a demonstration or activity)	(*Inside - table only)	(*Inside - plus activity)	(*Inside)	(*Inside)

^{*}Due to the nature of the flooring at Hartfield Park, please avoid bring any abrasive equipment that may result in damage to the courts.



^{**}For example: Dance Business, Financial Counselling Service, Education Service, Seniors Support Service etc..

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All fields are required

Event information continue	d		
Do you require the City of Kalamunda to provide you with:	1x Trestle Table	Chair(s) Number required:	
Due to the high volume of Clubs an event committee for selection. Please highlight if any of the following			e assessed by the
Health and Wellbeing	Multicultural	Youth Engagement	Accessible and Inclusive for Seniors
Accessible and Inclusive for people with a disability	Special interest Please outline your nic	ne field:	
Applicants details			
Full name:			
Role at organisation:			
Email address:			
Phone number:			
Please outline the number of mem	bers planning to attend this event	to facilitate the above engageme	ent activity:
Main contact person:	Same as above	Different as above	
If different, please outline:	Full name:		
Email address:		Phone Number:	
Other(s) involved:	Full name:		
Full name:		Full name:	
Do you have any access needs or ot	her requirements? Please outline:		

