



COMMUNITY DEVELOPMENT - FACILITY SCHEDULING

FIELD CLOSURE REPORTING FORM

(**All sections must be completed in order to obtain a credit. Incomplete forms will not be processed.**)

MONTH: _____

CONTRACT #	FIELD NAME	DATE/TIME

Please indicate the contract #, date and time (start and finish) of all games not played due to rain outs. Forms are to be submitted to the Facility Scheduling Office by the 2nd Friday of the following month. ****Absolutely no credits for field closures will be issued after the 2nd Friday in November.****

Forms may be dropped off, mailed or faxed to:
Halifax and Areas:

Facility Scheduling Office
1606 Bell Road
Halifax
Fax: 490-4588

Dartmouth, Cole Harbour, Bedford,
Sackville and Areas:

Facility Scheduling Office
81 Ilsley Ave - Suite 12
Dartmouth
Fax: 490-4421

****Mailing address for both Locations is P.O. Box 1749, Halifax, NS B3J 3A5**

NAME OF LEAGUE: _____
(Print)

NAME OF LEAGUE CONTACT: _____
(Signature)

AUTHORIZED BY: _____
Facility Scheduling Office