

Facility Application Form

HRM ARENA Scheduling

P.O. Box 1749, Halifax, NS B3J 3A5 (902) 490-4723

Organization/League Name: _____

Contact Name: _____

Address: _____ City _____ Postal Code: _____

Telephone(Home): _____ Business/Alternate: _____

E-Mail: _____ Fax: _____

Please indicate which **category** your request is:

" League " Individual User " Regular User " Tournament " Community/Special Event

Please indicate the **type of SPORT** to be played: _____

Have you booked an HRM Arena for this use in previous years? " Yes " No

If yes, which Arena? _____

Space Requirement: " Ice " Dry Floor

Arena Name	Day	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

Start Date: _____ End Date: _____

****If you require additional space, please attach a separate list stating Arena Name, Times, Days and Start and End Dates being requested.****

Type of League (please check both sections): " Adult " Minor & " Co-Ed " Female " Male

Will spectators be charged*? " Yes " No If yes, list fee(s): _____

****PLEASE NOTE:** Depending on the nature of your event, you may be required to hire an Off Duty Police Officer(s) and your own expense should HRM deem necessary.**

HALIFAX REGIONAL MUNICIPALITY HAS A ZERO TOLERANCE POLICY FOR ALCOHOL and SMOKING IN OUR FOUR HRM OWNED AND OPERATED ARENAS. Failure to comply will result in the loss of ice/floor time and the possible loss of priority booking status. Depending on the severity of the incident, fines may be levied against the offending group.

I ACKNOWLEDGE THAT THIS APPLICATION IS ONLY A REQUEST. RENTALS ARE NOT CONFIRMED UNTIL **ALL APPLICABLE FEES ARE PAID IN ADVANCE OF USAGE** AND A CONTRACT IS SIGNED. Please note that under certain circumstances, the option of a payment plan may be available. *A \$15.00 non refundable application fee must accompany this application form in order to be considered.*

Signature: _____

Date: _____

Office Use Only:

Staff Receiving: _____

Date: _____

January 31, 2011