

League Play/Tournament Facility Application Form

HRM Community Development - Facility Scheduling
P.O. Box 1749, Halifax, NS B3J 3A5 (902) 490-7100

League Name: _____

Contact Name: _____

Address: _____ City _____ Postal Code: _____

Telephone(Home): _____ Business/Alternate: _____

E-Mail: _____ Fax: _____

Alternate Contact: _____

Address: _____ City _____ Postal Code: _____

Telephone(Home): _____ Business/Alternate: _____

E-Mail: _____ Fax: _____

Event Name: _____

Sport to be played: _____

Type of League: " Adult " Minor " Co-ed " Female " Male

Did your league book HRM facilities last year? " Yes " No

Facilities Requested: (Please note..a confirmed season schedule may be attached instead of completing this section.)

Facility Name	Day	Time	SET UP REQUIREMENTS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Start Date: _____ End Date: _____

****A league schedule must be submitted before a contract can be issued.****

****Along with your request, you must provide a detailed description of your required field use and set up requirements. A template is attached for your convenience.****

Additional Information for Tournaments only:

Do you require services from Municipal Operations staff prior to, or during, your event? " Yes " No
If yes, please list:

(Please note: there may be additional costs charged to the client for services provided by HRM staff)

Do you plan to request permission for: **Beer Garden?** " Yes " No
A Tent? " Yes " No
Other? " Yes _____ " No

If you have answered 'YES' to the above, please discuss with staff to obtain information regarding the appropriate procedures.

****Please note....Vehicles are only permitted on site for the unloading and loading of equipment.****

****CLIENTS/EVENT ORGANIZERS NEED TO BE AWARE THAT IT IS YOUR RESPONSIBILITY TO ARRANGE FOR PORTABLE WASHROOMS FOR YOUR EVENT ON ANY LOCATION THAT DOES NOT CURRENTLY HAVE WASHROOMS ON SITE, AT YOUR EXPENSE**.** If washrooms are available on site and you do require additional units, this is also at your expense. **Permission must first be obtained through the Scheduling Office.** Consultation will be made with Municipal Operations staff re installation location, placement, etc.

Yes, I require Portable Washroom(s) " Yes " No Number of Units: _____

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

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. **A \$15.00 non refundable application fee must accompany this application form.** ****Please note that under certain circumstances, the option of a payment plan may be available.****

Signature: _____ Date: _____

Office Use Only:

Staff Receiving: _____ Date: _____