

ORGANIZATION		EVENT NAME	
CONTACT NAME		EMAIL	
ADDRESS	CITY	PROVINCE	POSTAL CODE
PHONE (Home)	PHONE (work)	CELL	FAX
ALTERNATE CONTACT NAME		EMAIL	
ADDRESS	CITY	PROVINCE	POSTAL CODE
PHONE (Home)	PHONE (work)	CELL	FAX
TYPE OF LEAGUE		TYPE OF SPORT BEING PLAYED	LEVEL OF PLAY
ADULT MINOR CO-ED FEMALE MALE			
HAVE YOU BOOKED A MUNICIPAL FACILITY FOR THIS EVENT IN PREVIOUS YEARS.		IF YES, WHICH FACILITIES AND FOR WHAT PURPOSE?	
YES NO			
START TIME	END TIME		
FACILITIES REQUESTED: (Note: A confirmed season schedule may be attached instead of completing this section.)			
FACILITY NAME	DAY	TIME	SET UP REQUIREMENTS
<p align="center">** A league schedule must be submitted before a contract can be issued. **</p> <p>** 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. **</p>			
DO YOU REQUIRE SERVICES FROM MUNICIPAL OPERATIONS STAFF PRIOR TO, OR DURING, YOUR EVENT?		IF YES, PLEASE LIST	
YES NO			
(There MAY be additional costs charged to the client for any additional services provided by municipal staff)			

DO YOU PLAN TO REQUEST PERMISSION OF / THE USE OF / ASK TO PROVIDE:

If you have **answer 'YES'** to any of the requests below, you will have to **discuss your needs with staff** to obtain information regarding the appropriate procedures.

TENT	YES NO If yes, what size _____	If yes, please ensure you receive permission from staff regarding installation and location.
BEER GARDEN	YES NO	If yes, we will require a copy of your liquor license and applicable insurance.
PORTABLE TOILETS	YES NO If Yes, _____ units	** 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.		
ANTICIPATED # OF PARTICIPANTS / ATTENDEES		
WILL SPECTATORS BE CHARGED	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, FEE AMOUNT \$ _____

**** Please note.... Vehicles are only permitted on site for the unloading and loading of equipment. ****
Vehicles may not remain on site for the duration of your booking.

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. **

In accordance with Section 485 of the Municipal Government Act (MGA), the personal information collected on this form will only be used by municipal staff and, if necessary, individuals under service contract with the Halifax Regional Municipality for purposes relating to the use of the Municipal Facilities, unless otherwise noted on the form. If you have any questions about the collection and use of this personal information, please contact the Access and Privacy Office at 902-490-7460 or accessandprivacy@halifax.ca

Signature _____

Date _____

Office Use Only:

Staff Receiving: _____

Date: _____

Revised January 22, 2016