

Is this a tournament request?		Yes	No	Do you require a cafeteria for canteen use?		Yes	No
Organization				Name of Event			
Contact Name				Email			
Address				City	Province	Postal code	
Phone (home)		Phone (work)		Cell	Fax		
<p>Please Note: You are renting 'space' only. Storage and equipment is not provided with your booking. Shower facilities are also not available for use with your booking. Table and/or chair requirements may be arranged prior to contract confirmation. Additional charges may apply. Please refer any inquiries to your Facility Scheduler.</p>							
Have you booked HRCE Facilities for this event in previous years?				If Yes, which facilities and for what purpose?			
Yes No							
Start Date		End Date					
School requested							
1.				2.			
3.				4.			
Facility / Room		Day of Week			Time (start and end)		
Are you requesting the use of [check all applicable]:							
Chairs		Tables		Bleachers			
INSURANCE							
Do you have INSURANCE?		Yes	No	**If 'No', a waiver and assumption of risk form must be signed and must accompany the Facility application			
Total number of attendees	Number of spectators	Number of participants		How many participants are			
				Under the age of 19		Over the age of 19	
Will participants be charged?		If yes, list fee		Is your group registered as NOT—FOR PROFIT/CHARITABLE Organization?			
Yes No				Yes No			
Will spectators be charged?		If yes, list fee		If yes, insert the Not-for-profit Registration #			
Yes No				As proof of status in order for your group to be eligible for Not-for-profit scheduling fees			

I ACKNOWLEDGE THAT THIS APPLICATION IS ONLY A REQUEST AND THAT RENTALS ARE NOT CONFIRMED UNTIL ALL APPLICABLE FEES ARE PAID IN ADVANCE OF USAGE AND A CONTRACT IS SIGNED. Under certain circumstances, a payment plan may be available.

IN SIGNING THIS APPLICATION FORM, I UNDERSTAND THAT THIS IS NOT A CONTRACT AND CONFIRM THAT I HAVE READ, AND WILL ADHERE TO, ALL TERMS AND CONDITIONS AS OUTLINED ABOVE AND IN THE 'PROCEDURES FOR SCHEDULING HRCE FACILITIES' DOCUMENT. A \$15.00 non-refundable application fee must accompany this application form in order to be considered.

Signature

Date

For Office Use Only

Staff Receiving:

Date: