

**Parks and Recreation - FACILITY SCHEDULIN** 

## **COURT CLOSURE REPORTING FORM**

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

MONTH:	<del></del>	
CONTRACT #	COURT NAME	DATE/TIME
to rain outs. Forms a by the 2 <sup>nd</sup> Friday of t issued after the 2 <sup>nd</sup> Forms may be dropped	ate and time (start and finish) or re to be submitted to the Facility he following month. Absolute.  Friday in November.  off, mailed or faxed to the attention of the Center – 1st Floor, 40 Alderney Drivelifax, NS B31 3A5	y Scheduling Office monthy  Iy no credits for will be  of your Scheduler:
♣ Fax # is 902.490.	•	
NAME OF LEAGUE:		
NAME OF LEAGUE CONT	(Print)	
INAIVIE OF LEAGUE CONT	(Signature)	
AUTHORIZED BY:		
	(Facility Scheduling Office	e Staff)