

Please provide a contact name and number for your organization that can be publicly disclosed if required.

ORGANIZATION			EVENT NAME		
CONTACT NAME			EMAIL		
ADDRESS		CITY	PROVINCE	POSTAL CODE	
HOME	WORK	CELL	FAX		
ALTERNATE CONTACT NAME			EMAIL		
ADDRESS		CITY	PROVINCE	POSTAL CODE	
HOME	WORK	CELL	FAX		
TYPE OF LEAGUE			TYPE OF SPORT BEING PLAYED	LEVEL OF PLAY	
<input type="checkbox"/> ADULT <input type="checkbox"/> MINOR <input type="checkbox"/> CO-ED <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE					
HAVE YOU BOOKED A MUNICIPAL FACILITY FOR THIS EVENT IN PREVIOUS YEARS?			IF YES, WHICH FACILITIES AND FOR WHAT PURPOSE?		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
START TIME	END TIME				
FACILITIES REQUESTED: A confirmed season schedule may be attached instead of completing this section.					
FACILITY NAME	DAY	TIME	SET UP REQUIREMENTS		
DO YOU REQUIRE SERVICES FROM PARKS STAFF PRIOR TO OR DURING YOUR EVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, PLEASE LIST		
There may be additional costs charged to the client for any additional services provided by municipal staff.					

DO YOU PLAN TO REQUEST PERMISSION OF OR THE USE OF:		
TENT	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what size _____	If yes, please ensure you receive permission from staff regarding installation and location.
BEER GARDEN	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, we will require a copy of your liquor license and applicable insurance.
PORTABLE TOILETS	<input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, _____ units	Clients 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. Consultation will be made with Parks Staff regarding installation location and placement.
ANTICIPATED # OF PARTICIPANTS/ATTENDEES		
WILL SPECTATORS BE CHARGED	YES NO	IF YES, LIST FEES

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 IS APPLICATION IS ONLY A REQUEST. RENTALS ARE NOT CONFIRMED UNTIL A CONTRACT IS SIGNED.

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

Print

Save As

Office Use Only:

Staff Receiving: _____ Date: _____