

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

<b>ORGANIZATION (If Applicable)</b>		<b>EVENT NAME</b>	
<b>TYPE OF EVENT</b>		<b>START DATE</b>	<b>END DATE</b>
<b>CONTACT NAME</b>		<b>EMAIL</b>	
<b>ADDRESS</b>	<b>CITY</b>	<b>PROVINCE</b>	<b>POSTAL CODE</b>
<b>Home</b>	<b>Work</b>	<b>Cell</b>	<b>FAX</b>
<b>ALTERNATE CONTACT NAME</b>		<b>EMAIL</b>	
<b>ADDRESS</b>	<b>CITY</b>	<b>PROVINCE</b>	<b>POSTAL CODE</b>
<b>HOME</b>	<b>WORK</b>	<b>CELL</b>	<b>FAX</b>
<b>HAVE YOU BOOKED A MUNICIPAL FACILITY FOR THIS EVENT IN PREVIOUS YEARS?</b>		<b>IF YES, WHICH FACILITIES AND FOR WHAT PURPOSE?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>FACILITY REQUESTED:</b> If unsure, please consult with scheduling staff for recommendations.			
<b>FACILITY</b>	<b>DAY</b>	<b>TIME</b>	
<b>DO YOU REQUIRE SERVICES FROM PARKS STAFF PRIOR TO OR DURING YOUR EVENT?</b>		<b>IF YES, PLEASE LIST</b>	
YES                      NO <input type="checkbox"/> <input type="checkbox"/>			
There may be additional costs charged to the client for any additional services provided by municipal staff.			
<b>DO YOU PLAN TO REQUEST PERMISSION OF OR THE USE OF:</b>			
<b>TENT</b>	<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.	

DO YOU PLAN TO REQUEST PERMISSION OF OR THE USE OF:		
<b>BEER GARDEN</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, we will require a copy of your liquor license and applicable insurance.
<b>BOUNCY CASTLES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Will there be music? Live or recorded? Please specify.
<b>PORTABLE TOILETS</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____number of units
<b>ELECTRICITY</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Most municipal facilities do not have access to electricity. Please check with Scheduling Staff for availability at time of request.
<b>OTHER</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>PLEASE SPECIFY "OTHER"</b>		
<b>ANTICIPATED # OF PARTICIPANTS/ATTENDEES</b>		
<b>WILL SPECTATORS BE CHARGED</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IF YES, LIST FEE(S)</b>

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.

Events must be covered by a minimum of \$2,000,000 Special Event liability insurance. A copy of the certificate must be provided to the Scheduling Office two weeks prior to your event date.

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. Consultation will be made with Parks staff re installation location, placement, etc.

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](mailto:accessandprivacy@halifax.ca)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Print**

**Save As**

Office Use Only:

Staff Receiving: \_\_\_\_\_ Date: \_\_\_\_\_