RECREATION SERVICES

Special Events Requiring Field Allocation

Please complete for one-off or limited series of events **only**. Organization contact details must be on file and a Field Allocation Request Calendar submitted with this request to bookings@squamish.ca

Organization Name:

Event Name:

1. TYPE OF EVENTS:

Tournament Special Event

Season Wind Up Other

- 2. EVENT DATE(S):
- 3. EVENT TIME(S):
- 4. PLEASE WRITE THE FIELD LOCATION(S):

5. ADDITIONAL REQUEST for rooms at Brennan Park Community Centre:

Please indicate date/time requested below

Arena/Dry Slab

Arena Lobby

Black Tusk Room

Main Lobby

Tantalus Room

Garibaldi Room

Chief Activity Room FULL

Chief Activity Room HALF

(indicate A or B)



	6. TOTAL NUMBER OF PARTICIPANTS?
	7. TOTAL NUMBER OF TEAMS IF RELEVANT?
	8. CAMPGROUND EXLCUSIVE USE? Community Campground Sites 1-35
	Group Campground Sites 1-6
	Other
	9. BEER GARDEN/LIQUOR LICENSE? Yes No
	Indicate the location/s:
I / We the undersigned confirm that the above-mentioned sport group has the required insurance for hosting community organized sport practices and games on District of Squamish property.	
I / We acknowledge that the requested venue(s), dates, times and uses are contingent on availability and/or permitted.	
Na	ame of Primary Contact (Please Print) Signature of Primary Contact
Da	ate:

