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

Other



7. TOTAL NUMBER OF TEAMS IF RELEVANT			
8. BEER GARDEN/LIQUOR LICENSE?	Yes	No	
Indicate the location:			
I / We the undersigned confirm that the above-insurance for hosting community organized spo Squamish property.			•
I / We acknowledge that the requested venue(savailability and/or permitted.	s), dates, tir	nes and uses are	contingent or
Full Name of Primary Contact (PRINT) Date:	Signatu	re of Primary Cor	ntact*

6. TOTAL NUMBER OF PARTICIPANTS?

^{*}Note: To avoid any delay, please submit only hand signed paper copies or a scanned copy of a hand signed document. Brennan Park Recreation Centre does not accept electronically signed forms, agreements, contracts, and waivers at this time.



