

RECREATION SERVICES

Community Organized Sporting Group Field Allocation Form

1. COMMUNITY GROUP DETAILS

Association Name:

Mailing Address:

2. SELECT SPORT

Soccer

Baseball

Minor Ball

Rugby

Slow Pitch

Football

Cricket

Other (please describe)

3. IS THIS A YOUTH ORGANIZATION?

Yes

No

4. AGE GROUP

Child (5-12)

Youth (13-18)

Adult (19+)

Other (please describe)

5. PRIMARY CONTACT

Full Name:

Your Role:

Phone:

Email:

6. SECONDARY CONTACT

Full Name:

Their Role:

Phone:

Email:

7. BILLING CONTACT (is there a specific person to whom we should direct billing?)

Yes

No

If yes, please state

Full Name:

Phone:

Email:



SQUAMISH

HARDWIRED *for* ADVENTURE

8. DO ALL YOUR PLAYERS RESIDE IN SQUAMISH **Yes** **No**
If no, what percentage are Squamish residents?

9. PLEASE DESCRIBE THE NATURE OF YOUR ENROLLMENT THROUGH THE YEAR?
For example, "Summer only" or "Spring league and fall league, separate enrollment".

10. FOR THE CALENDAR YEAR 2023 PLEASE TELL US:
Total number of participants in your Sport Group:
Number of Teams in the Sport Group:
If relevant, can you **attach** a simple summary of how many players you had enrolled in what age group/type of league? E.g. age groups.

11. UPCOMING SEASON 2024 (Season 1):
Expected Number of Participants in Sport Group:
Expected Number of Teams in Sport Group:

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.

Full Name of Primary Contact (PRINT)

Signature of Primary Contact*

Date:

***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.