

RECREATION SERVICES

Community Organized Sporting Group Field Allocation Form (NEW USER GROUP)

1. COMMUNITY GROUP DETAILS

Association Name:

Mailing Address :

2. SELECT SPORT

Soccer

Baseball

Minor Ball

Slow Pitch

Fast Pitch

Football

Other (please describe)

3. IS THIS A YOUTH ORGANIZATION?

Yes

No

4. AGE GROUP

Child

Youth

Adult

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 for 2019?

9. PLEASE DESCRIBE THE NATURE OF YOUR ENROLLMENT THROUGH THE YEAR? For example, "Summer only" or "Spring league and fall league, separate enrollment". Please list the months when peak field use occurs.

10. FOR THE CALENDAR YEAR 2018 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 2019/2020:
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: