

# RECREATION SERVICES

## Community Organized Sporting Group Field Allocation Form

### 1. SELECT SPORT/EVENT TYPE

Soccer

Baseball

Minor Ball

Slow Pitch

Fast Pitch

Football

Other

### 2. IS THIS A YOUTH ORGANIZATION?

Yes

No

### 3. AGE GROUP

Child

Youth

Adult

Other

### 4. COMMUNITY GROUP DETAILS

Association Name

Mailing Address

### 5. PRIMARY CONTACT (please verify even if unchanged since 2018)

Full Name

Your Role

Phone

Email

### 6. SECONDARY CONTACT (please verify even if unchanged since 2018)

Full Name

Their Role

Phone

Email



SQUAMISH

HARDWIRED *for* ADVENTURE

## 7. PAST SEASON 2018

Number of Teams in Sport Group:

Number of Participants in Sport Group:

## 8. UPCOMING SEASON 2019

Expected Number of Teams in Sport Group:

Expected Number of Participants 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:

## RECREATION SERVICES

Special Events – please complete for one off or limited series of events only

**Organization Name:**

### 1. TYPE OF EVENTS

Tournament

Special Event

Wind Up

Other

### 2. EVENT DATE(S)

### 3. EVENT TIME(S)

### 4. PLEASE WRITE THE LOCATION(S)

### 5. ADDITIONAL REQUEST Please indicate time requested below

Arena

Arena Lobby

Black Tusk Room

Main Lobby

Tantalus Room

Garibaldi Room

Chief Activity Room A

Chief Activity Room B

Chief Activity Room A&B

### 6. FOR BEER GARDEN/LIQUOR LICENSE

Yes

No

Indicate the location: