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 RELEV	ANT?		
8. CAMPGROUND EXLCUSIVE USE? Community Campground Sites 1-35 Group Campground Sites 1-6			
9. BEER GARDEN/LIQUOR LICENSE?	Yes	No	
Indicate the location:			
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 Pr	imary Contact	
Date:			

