



# SEASONAL OUTDOOR FACILITY APPLICATION

## SECTION A - APPLICANT / CONTACT INFORMATION

Applicant Name:	Secondary Contact:
Applicant Address:	Home:
Home:	Work:
Work:	Mobile:
Mobile:	Fax:
Fax:	Email:
Email:	

*\*The Town of White City will use these email addresses to contact you about field conditions and other important info.*

## SECTION B – FOR TEAM BOOKINGS

Name of Organization:		
<b>What Age Groups Does Your Organization Represent</b>		
<input type="radio"/> Youth (Less Than 50%)	<input type="radio"/> Youth (More Than 50%)	<input type="radio"/> Adult
<b>What Type of Sport Does Your Organization Represent</b>		
<input type="radio"/> Hockey	<input type="radio"/> Lacrosse	<input type="radio"/> Basketball
<input type="radio"/> Power Skating	<input type="radio"/> Ball Hockey	<input type="radio"/> Pickle Ball
<input type="radio"/> Figure Skating	<input type="radio"/> Other (Please Describe)	
How many teams in your organization :	What is the total number of players in your organization:	
How many hours do you require for games:	How many hours to you require for practices:	

## SECTION C – FACILITY/FIELD REQUESTS

Date	Start Time	End Time	Practice or Game	Facility Name

*The Town of White City will make every effort to grant your location/time request; however, no request can be guaranteed. **Please attach your full schedule of games and practices to this application.***

## SECTION D – TEAM APPLICATION CHECKLIST

*Please submit the following information within two (2) business days of your application.*

Insurance Certificate	Team Rosters	Full League Schedule	Primary Contact	Secondary Contact
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*Failure to submit any of the information requested in this application may result in the automatic rejection of your application. Make all cheques payable to the Town of White City.*

**If you have any questions about this application, please contact the Recreation Coordinator at: 306.781.2355 Ext. 225 or [sgraefer@whitecity.ca](mailto:sgraefer@whitecity.ca)**