TOWN OF WHITE CITY OCCASIONAL SPORTS FIELD 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 information.									
SECTION B - ORGANIZATION INFORMATION									
What is the name of your organiza	ation:								
What age group(s) do you represe	ent?								
O Youth (Less Than 50%)	0	Youth (More	e Than 50%)	Adult	• •				
What Type of Sport Does Your Organization Represent									
O Soccer	0	Minor Ball	0	Slo-P	itch				
 Ultimate Frisbee 	0	Football	0	Volle	yball				
O Rugby	0	Other (Pleas	se Describe)						
SECTION C – FIELD ALLOCATION REQUESTS									
Minor Ball			Slo-Pitch						
What is your preferred location?			What is your preferred location?						
What is your alternative event location?			What is your alternative event loc	ation?					
Soccer			Volleyball						
What is your preferred location?			What is your preferred location?						
What is your alternative event location?			What is your alternative event loc	ation?					
Football			Ultimate Frisbee						
What is your preferred location?			What is your preferred location?						
What is your alternative event location?			What is your alternative event loc	ation?					
Rugby			Other (Describe Below)						
What is your preferred location?			What is your preferred location?						
What is your alternative event location?			What is your alternative event loc	ation?					

SECTION C - FIELD ALLOCATION REQUESTS (CONTINUED)								
Please tell us your requested field location and times in order of preference.								
Date Start Tin		End Time	Field Name					
SECTION D - APPLICATION CHECKLIST								
Please submit the following information within two (2) business days of your application.								
Insurance Certificate	eam Rosters	Site Plan		Primary Contact	Secondary Contact			
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: Carla Ferstl Recreation Director								
306.781.2355 Ext. 226 cferstl@whitecity.ca								