TOWN OF WHITE CITY SEASONAL SPORTS FIELD APPLICATION

		SLASUN	AL SPOR			
	SECTION A - AP	PLICANT /	CONTAC	F INFO	RMATION	
Applicant Name:			Secondary Contact:			
Applicant Address:			Home:			
Home:			Work:			
Work:			Mobile:			
Mobile:			Fax:			
Fax:			Email:			
Email:						
* The Town of White Cit information.	y will use these email ad	ldresses to co	ontact you al	bout field	l conditions and	other important
	SECTION B -	- ORGANIZ	ZATION IN	IFORM/	ATION	
Name of Organization:						
What Age Groups Do	es Your Organization	Represent				
 Youth (Less That 	an 50%) 🛛 🔿	Youth (Mor	e Than 50%))	O Adult	
What Type of Sport D	oes Your Organizatio	n Represen	t			
O Soccer	0	Minor Ball			O Slo-Pito	:h
O Ultimate Frisbee O Foo			 Volleyball 			
 Rugby 	0	Other (Plea	se 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	– FIELD Al	LOCATIO	N REQL	JESTS	
	ield location and times ir <i>tion if the following spac</i>					
Date	Start Time	End	End Time		cice or Game	Field Name
The Town of White City guaranteed.	will make every effort to	o grant your i	location/time	e request,	; however, no re	equest can be
	SECTION	D – APPLI	CATION C	HECKL	IST	
Please submit the follow	ving information within t	wo (2) busine	ess days of y	our appli	ication.	
Insurance Certificate	Team Rosters	e Schedule	Prim	nary Contact	Secondary Contact	
	the information request eques payable to the Tou			result in	n the automatic r	rejection of your

If you have any questions about this application, please contact the Recreation Director at: 306.781.2355 Ext. 226 or cferstl@whitecity.ca