# TOWN OF WHITE CITY TOURNAMENT 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 organization:

What is the name of your event:

What age group(s) do you represent?

○ Youth (Less Than 50%) ○ Youth (More Than 50%) ○ Adult

**What Type of Sport Does Your Organization Represent**

○ Soccer ○ Minor Ball ○ Slo-Pitch

○ Ultimate Frisbee ○ Football ○ Volleyball

○ Rugby ○ Other (Please 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 location? | |
| **Soccer** | | **Volleyball** | |
| What is your preferred location? | | What is your preferred location? | |
| What is your alternative event location? | | What is your alternative event location? | |
| **Football** | | **Ultimate Frisbee** | |
| What is your preferred location? | | What is your preferred location? | |
| What is your alternative event location? | | What is your alternative event location? | |
| **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 location? | |
| | | | |
| | | | |

## SECTION C – FIELD ALLOCATION REQUESTS (CONTINUED)

*Please tell us your requested field location and times in order of preference.*

| Date | Start Time | End Time | Field Name |
|---|---|---|---|
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## SECTION D – APPLICATION CHECKLIST

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

| Insurance Certificate | Team 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**