

Facility Booking Request Form

Organization Name							COI	itact iname	е		
Full Mailing Address (Required)							Cor	Contact Number			
E-mail Address							Alte	Alternate Number			
Are you the billing contact	g contact for the group? Yes No Is this inquiry to be booked under ar						anothe	nother group name (If		☐ Ye s ☐ No	
Date Requested (for recurring, include details below)					Rental Times	Start Time: (Please i	ease indicate AM/PM)		End Time: (Please indicate AM/PM)	
Facility Requested						Activity				1	
Recurrence of Booking None Daily Weekly				/ Month	hly Start Date		I .	End Date			
Additional Requests or Pr	ovision	ns									
For Field House/T	rack	Bookin	gs Only	7							
For Field House/T				<u>'</u>		Yes No	l be requi	red)	Number o	of participants	
	th a Pr	ovincial Sp		<u> </u>		_	l be requi	red)			possible. This section will
Is your group affiliated wit	th a Pro	ovincial Sp				_	l be requi	ired)	Please in not guara	clude as many details as	possible. This section will but will allow us to better attack your event. Any large
Is your group affiliated with	th a Prond Set	ovincial Sp	ort Org.?			_	l be requi	ired)	Please in not guara determine set-up or	clude as many details as intee any set-up requests e how we can accommod	
Is your group affiliated with Additional Equipment a Equipment Set-Up Requirement Set-Up	th a Prond Set	ovincial Sp	ort Org.?	(Field	(if you have indic	_	l be requi	red)	Please in not guara determine	clude as many details as intee any set-up requests e how we can accommod	, but will allow us to better ate your event. Any large