

## Application for use – Track and Field Parks and Recreation - Facility Scheduling

SPORT ORGANIZATION				EVENT NAME							
CONTACT NAME					EMAIL						
ADDRESS CITY							PROVINCE		POSTAL CODE		
PHONE (Home)	PHONE (Home) PHONE (work)			CELL FAX					<u> </u>		
ALTERNATE CONTACT NAME											
ADDRESS		CITY	PROVINCE POSTAL COD						POSTAL CODE		
PHONE (Home)	PHONE (wor	ſk)						FAX			
	- ( -	,									
START DATE	END DATE		ST	START TIME							
AGE GROUP											
ADULT MINOR	CO-ED	FEMALE	MA		E						
HAVE YOU BOOKED A MUN	-	ITY FOR									
THIS EVENT IN PREVIOUS Y			IF Y	ES	, WHICH	FACI	LITIES A	ND FOR \	WHAT PURPOSE?		
FACILITY REQUESTED: (Note: If unsure, please consult with scheduling staff for recommendations.)											
Facility/Site Requested											
BEAZLEY TRACK OR			METROPOLITAN TRACK								
BEAZLEY SPORT	BEAZLEY SPORT FIELD OR			METROPOLITAN SPORT FIELD							
LIST OF EVENTS (please indicate which sport events will be part of your meet/training											
Track:											
Running (please list)											
Field:											
		HIGH JUMP					AVELIN		HAMMER THROW		
		POLE VAULT				DI	SCUSS		TRIPLE JUMP		
PLEASE LIST ANY ADDITIO	NAL										
Along with your completed Application Form, you MUST provide a detailed description of the Operational services											
you require for your event, including set up requirements (i.e. lining requirements, equipment use, building access,											
etc.)											
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DO YOU REQUIRESERVICES FROM M STAFF PRIOR TO, OR DURING, YOUR	IF YES, PLEASE LIST								
☐ YES	□ NO								
There <b>MAY</b> be additional costs charged to services provided by municipal staff									
DO YOU PLAN TO REQUEST PERMISSION OF / THE USE OF / ASK TO PROVIDE: If you have answered 'YES' to any of the requests below, you will have to discuss your needs with staff to obtain information regarding the appropriate procedures.									
TRACK AND FIELD BUILDING									
MUNICIPAL TRACK EQUIPMENT	🗌 YES								
BEER GARDEN				If yes, we will require a copy of your liquor license and applicable insurance.					
PORTABLE TOILETS				number of units Also - please see below					
TENTS									
ANTICIPATED # OF PARTICIPANTS / ATTENDEES									
WILL SPECTATORS BE CHARGED	YES	□ NO	IF \	YES, LIST FEE(S)					

Vehicles are only permitted on site for the unloading and loading of equipment. Vehicles <u>may not</u> remain on site for the duration of your booking.

CLIENTS/EVENT ORGANIZERS NEED TO BE AWARE THAT IT IS YOUR RESPONSIBILITY TO ARRANGE FOR <u>PORTABLE WASHROOMS</u> FOR YOUR EVENT ON ANY LOCATION THAT DOES NOT CURRENTLY HAVE WASHROOMS ON SITE, <u>AT YOUR EXPENSE</u>.\*\* If washrooms are available on site and you do require additional units, this is also at your expense. Permission must first be obtained through the Scheduling Office. Consultation will be made with Municipal Operations staff re installation location, placement, etc.

I ACKNOWLEDGE THAT THIS APPLICATION IS ONLY A REQUEST. RENTALS ARE NOT CONFIRMED UNTIL ALL APPLICABLE FEES ARE PAID IN ADVANCE OF USAGE AND A CONTRACT IS SIGNED.

In accordance with Section 485 of the Municipal Government Act (MGA), the personal information collected on this form will only be used by municipal staff and, if necessary, individuals under service contract with the Halifax Regional Municipality for purposes relating to the use of the Municipality's Track and Field Facilities, unless otherwise noted on the form. If you have any questions about the collection and use of this personal information, please contact the Access and Privacy Office at 902-490-7460 or <u>accessandprivacy@halifax.ca</u>

Signature	Date			
		F	Print	Save As
Office Use Only:				
Staff Receiving:	_Date:			