

Please provide a contact name and number for your organization that can be publicly disclosed if required.

CLIENT & ORGANIZATION INFORMATION			
ORGANIZATION (If Applicable)		EVENT NAME	
CONTACT NAME		EMAIL	
ADDRESS	CITY	PROVINCE	POSTAL CODE
HOME	WORK	CELL	FAX
ALTERNATE CONTACT NAME (If Applicable)		EMAIL	
ADDRESS	CITY	PROVINCE	POSTAL CODE
HOME	WORK	CELL	FAX

ADDITIONAL BOOKING INFORMATION		
TYPE OF LEAGUE (If Applicable)	TYPE OF SPORT BEING PLAYED	LEVEL OF PLAY
<input type="checkbox"/> ADULT <input type="checkbox"/> MINOR <input type="checkbox"/> CO-ED <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
HAVE YOU BOOKED A MUNICIPAL FACILITY FOR THIS EVENT IN PREVIOUS YEARS?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN WAS THE EVENT, WHICH FACILITIES DID YOU BOOK AND FOR WHAT PURPOSE?	

FACILITIES REQUESTED			
For league applications, a confirmed season schedule may be attached instead of completing this section.			
FACILITY NAME	DAY	TIME	SET UP REQUIREMENTS
If applicable, a league schedule must be submitted before a contract can be issued. Along with your request, you must provide a detailed description of your required field use and set up requirements.			

TOURNAMENT & SPECIAL EVENT REQUESTS		
<b>DO YOU REQUIRE SERVICES FROM PARKS STAFF PRIOR TO OR DURING YOUR EVENT?</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO Please Note: There may be additional costs charged to the client for any additional services provided by municipal staff.		<b>IF YES, PLEASE LIST</b>
<b>DO YOU PLAN TO REQUEST PERMISSION OF OR THE USE OF:</b>		
<b>TENT</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what size _____	If yes, please ensure you receive permission from staff regarding installation and location. If your tent is larger than 10x10, an additional permit is required by HRM Fire Services.
<b>BEER GARDEN</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, we require a copy of your liquor license from NS Alcohol & Gaming. A minimum of \$5 million insurance is required.
<b>BOUNCY CASTLES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, minimum of \$5 million insurance is required..
<b>ELECTRICITY</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Most municipal facilities do not have access to electricity. Please check with Scheduling Staff for availability at time of request.
<b>PORTABLE TOILETS</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, _____ units	Clients need to be aware that it is your responsibility to arrange for portable washrooms for your event on any location that does not currently have washrooms on site, at your expense. Consultation will be made with Parks Staff regarding installation location and placement.
<b>OTHER, PLEASE SPECIFY:</b>		
<b>ANTICIPATED # OF PARTICIPANTS/ATTENDEES</b>		
<b>WILL SPECTATORS BE CHARGED</b>	<b>YES      NO</b>	<b>IF YES, LIST FEES</b>

Vehicles are only permitted on site for the unloading and loading of equipment with the approval of HRM Parks. Vehicles may not remain on site for the duration of your booking. Any damage resulting from vehicles on the field is the responsibility of the renter.

I ACKNOWLEDGE THAT THIS IS APPLICATION IS ONLY A REQUEST. RENTALS ARE NOT CONFIRMED UNTIL 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 and/or organizations under service contract with the Halifax Regional Municipality for purposes relating to the use of the Municipal Facilities. If you have any questions about the collection and use of this personal information, please contact the Access and Privacy Office at 902-943-2148 or [privacy@halifax.ca](mailto:privacy@halifax.ca)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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