

Group/Organization Name:		Type of Organization: <input type="checkbox"/> Non-Profit Registry Joint Stocks # <input type="checkbox"/> Business <input type="checkbox"/> Other, please describe:	
Contact Name:		Email Address:	
Address:		Are you a new Client? Yes <input type="checkbox"/> No <input type="checkbox"/>	
City:		Primary Phone Number:	
Province:	Postal Code:	Cell Phone Number:	

Event Name/Description:		Type of Event: Sport <input type="checkbox"/> Fitness/Yoga <input type="checkbox"/> Meeting <input type="checkbox"/> Community <input type="checkbox"/> Dance Classes <input type="checkbox"/> Educational <input type="checkbox"/> Other <input type="checkbox"/>	
Is Event for: <input type="checkbox"/> Adult (Ages 19+) <input type="checkbox"/> Child/Youth (18 years & under) <input type="checkbox"/> All Ages		Estimated Participants & Spectators # Adult Participants: # Child/Youth Participants: Will participants be charged? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will there be music? Yes <input type="checkbox"/> No <input type="checkbox"/> Will there be dancing? Yes <input type="checkbox"/> No <input type="checkbox"/> Will there be food/catering? Yes <input type="checkbox"/> No <input type="checkbox"/>		Additional items requested: Chairs <input type="checkbox"/> Qty: Tables <input type="checkbox"/> Qty: Projector <input type="checkbox"/> Score Clock <input type="checkbox"/> Other:	
Special Requests or Comments:			

FACILITY REQUEST INFORMATION I am looking to book all of the spaces I've listed below.
 I have listed my requests in order of preference.

1.	Day	Start Time	End Time	Start Date	End Date
Facility:					
Room:					
2.	Day	Start Time	End Time	Start Date	End Date
Facility:					
Room:					
3.	Day	Start Time	End Time	Start Date	End Date
Facility:					
Room:					

4.	Day	Start Time	End Time	Start Date	End Date
Facility:					
Room:					
5.	Day	Start Time	End Time	Start Date	End Date
Facility:					
Room:					
6.	Day	Start Time	End Time	Start Date	End Date
Facility:					
Room:					
Additional Requests	Day	Start Time	End Time	Start Date	End Date

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 Municipal 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 accessandprivacy@halifax.ca

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

Signature: _____ **Date:** _____