

ORGANIZATION (If Applicable)				TYPE OF SPORT TO BE PLAYED			
CONTACT NAME				EMAIL			
STREET		CITY		PROVINCE		POSTAL CODE	
HOME		WORK		CELL		FAX	
ALTERNATE CONTACT NAME				EMAIL			
STREET		CITY		PROVINCE		POSTAL CODE	
HOME		WORK		CELL		FAX	
WHICH CATEGORY IS YOUR REQUEST							
<input type="checkbox"/> LEAGUE		<input type="checkbox"/> INDIVIDUAL USER		<input type="checkbox"/> REGULAR USER		<input type="checkbox"/> TOURNAMENT	
						<input type="checkbox"/> COMMUNITY /SPECIAL EVENT	
HAVE YOU BOOKED A MUNICIPAL ARENA FOR THIS USE IN PREVIOUS YEARS?				IF YES, WHICH ARENA(S)?			
<input type="checkbox"/> YES <input type="checkbox"/> NO							
SPACE REQUIREMENT							
<input type="checkbox"/> Ice		<input type="checkbox"/> Dry Floor				<input type="checkbox"/>	
ARENA REQUESTED: (Note: If unsure, please consult with scheduling staff for recommendations.) If you require additional space, please attach a separate list stating the arena name, times, days and the start/end dates.							
Arena Name	Day	Time	Start date	End Date			
TYPE OF LEAGUE							
Section 1 <input type="checkbox"/> Adult		<input type="checkbox"/> Minor		Section 2 <input type="checkbox"/> Co-Ed		<input type="checkbox"/> Female	
						<input type="checkbox"/> Male	
WILL SPECTATORS BE CHARGED		<input type="checkbox"/> YES		<input type="checkbox"/> NO		IF YES, LIST FEE(S)	

****PLEASE NOTE:** Depending on the nature of your event, you may be required to hire an Off Duty Police Officer(s) at your own expense should HRM deem necessary**

HALIFAX REGIONAL MUNICIPALITY HAS A ZERO TOLERANCE POLICY FOR ALCOHOL and SMOKING IN OUR ARENAS. Failure to comply will result in the loss of ice/floor time and the possible loss of priority booking status. Depending on the severity of the incident, fines may be levied against the offending group and may result in cancellation of the rental contract.

Leagues/Seasonal Clients agree to provide proof of Liability Insurance to the Facility Scheduling Office prior to or at the time that their Facility Rental Contract is signed and paid for.

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 Municipal Arenas, 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

Signature

Date

Print

Save As

Office Use Only:

Staff Receiving: _____ Date: _____