

<b>SPORT ORGANIZATION</b>				<b>EVENT NAME</b>			
<b>CONTACT NAME</b>				<b>EMAIL</b>			
<b>ADDRESS</b>		<b>CITY</b>		<b>PROVINCE</b>		<b>POSTAL CODE</b>	
<b>PHONE (Home)</b>		<b>PHONE (work)</b>		<b>CELL</b>		<b>FAX</b>	
<b>ALTERNATE CONTACT NAME</b>				<b>EMAIL</b>			
<b>ADDRESS</b>		<b>CITY</b>		<b>PROVINCE</b>		<b>POSTAL CODE</b>	
<b>PHONE (Home)</b>		<b>PHONE (work)</b>		<b>CELL</b>		<b>FAX</b>	
<b>START DATE</b>		<b>END DATE</b>		<b>START TIME</b>		<b>END TIME</b>	
<b>AGE GROUP</b>							
<b>ADULT</b>		<b>MINOR</b>		<b>CO-ED</b>		<b>FEMALE</b>	
<b>HAVE YOU BOOKED A MUNICIPAL FACILITY FOR THIS EVENT IN PREVIOUS YEARS.</b>				<b>IF YES, WHICH FACILITIES AND FOR WHAT PURPOSE?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO							
<b>FACILITY REQUESTED: (Note: If unsure, please consult with scheduling staff for recommendations.)</b>							
<b>Facility/Site Requested</b>							
<input type="checkbox"/> BEAZLEY TRACK		OR		<input type="checkbox"/> METROPOLITAN TRACK			
<input type="checkbox"/> BEAZLEY SPORT FIELD		OR		<input type="checkbox"/> METROPOLITAN SPORT FIELD			
<b>LIST OF EVENTS (please indicate which sport events will be part of your meet/training)</b>							
<b>Track:</b>							
Running (please list)							
<b>Field:</b>							
<input type="checkbox"/> SHOT PUT		<input type="checkbox"/> HIGH JUMP		<input type="checkbox"/> JAVELIN		<input type="checkbox"/> HAMMER THROW	
<input type="checkbox"/> LONG JUMP		<input type="checkbox"/> POLE VAULT		<input type="checkbox"/> DISCUSS		<input type="checkbox"/> TRIPLE JUMP	
<b>PLEASE LIST ANY ADDITIONAL</b>							
<p>Along with your completed Application Form, you <b>MUST</b> 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.)</p>							

<b>DO YOU REQUIRE SERVICES FROM MUNICIPAL OPERATIONS STAFF PRIOR TO, OR DURING, YOUR EVENT?</b>		<b>IF YES, PLEASE LIST</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO		
There <b>MAY</b> be additional costs charged to the client for any additional services provided by municipal staff		
<b>DO YOU PLAN TO REQUEST PERMISSION OF / THE USE OF / ASK TO PROVIDE:</b>		
If you have <b>answered 'YES'</b> to any of the requests below, you will have to <b>discuss your needs with staff</b> to obtain information regarding the appropriate procedures.		
<b>TRACK AND FIELD BUILDING</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>MUNICIPAL TRACK EQUIPMENT</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>BEER GARDEN</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, we will require a copy of your liquor license and applicable insurance.
<b>PORTABLE TOILETS</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ number of units <b>Also - please see below</b>
<b>TENTS</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>ANTICIPATED # OF PARTICIPANTS / ATTENDEES</b>		
<b>WILL SPECTATORS BE CHARGED</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IF YES, LIST FEE(S)</b>

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

**CLIENTS/EVENT ORGANIZERS 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.\*\*** 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 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

**Print**

**Save As**

Office Use Only:

Staff Receiving: \_\_\_\_\_ Date: \_\_\_\_\_