

FACILITY REQUEST

Summer 2012 Arena Floor (Ice Out)

DEADLINE DATE: December 1, 2011

INSTRUCTIONS:

- 1) To complete form electronically, click on the Typewriter tool at the top of the page.
- 2) Fill in form by clicking the cursor where you want to type.
- 3) Save a copy for your records and email a copy to: recreation.permits@vaughan.ca or fax form to: 905-832-8550.

ORGANIZATIONAL PROFILE:

ORGANIZATION'S NAME		ORGANIZATION'S PREVIOUS NAME (if different)	
<input type="checkbox"/> MINOR	<input type="checkbox"/> ADULT	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> REQUESTED PERMITS IN PREVIOUS YEARS
MAIN CONTACT		SECONDARY CONTACT	
E-MAIL ADDRESS		E-MAIL ADDRESS	
ADDRESS		ADDRESS	
CITY		CITY	
() BUS. PHONE NO.	() HOME PHONE NO.	() BUS. PHONE NO.	() HOME PHONE NO.

PLAYERS/MEMBERSHIP LIST ATTACHED? YES NO

PLEASE NOTE: Accounts must be in good standing and a Players/Membership list, including full addresses and phone numbers for all groups (youth groups also require birthdates) must be submitted before requests can be considered.

INTENDED USE:

Ball Hockey In Line Sports Special Event (PLEASE SPECIFY): _____

FIRST CHOICE:

LOCATION	DAY(S)	DATES		TIMES		EXCLUSION DATES
		FROM	TO	FROM	TO	

SECOND CHOICE:

LOCATION	DAY(S)	DATES		TIMES		EXCLUSION DATES
		FROM	TO	FROM	TO	

TOURNAMENTS:

LOCATION	DAY(S)	DATES		TIMES		EXCLUSION DATES
		FROM	TO	FROM	TO	

I hereby request use of the above location(s) on the dates and times shown. As part of the consideration for the City of Vaughan renting the above noted facilities to me/us, I, on behalf of myself, the renting organization and its members agree to release and discharge, and to indemnify and save harmless the Municipality from and against all claims and proceedings, by whom/whoever made or brought, in respect of any cost, losses, damage or injury arising by reason of my/our use of the rental facilities.

I AGREE I have read and understood the Rental Contract Conditions & Regulations and agree to abide by these conditions for all of the dates/times issued by this request.

APPLICANTS SIGNATURE (MIN. AGE 18 YEARS OF AGE) _____

DATE _____

City of Vaughan
2141 Major Mackenzie Drive
Vaughan, Ontario L6A 1T1
TEL. 905-832-8500
FAX. 905-832-8550

FOR OFFICE USE ONLY

DATE REC'D _____

F# _____