City of Sain

City of Saint John- Growth and Community Services

**APPLICATION FOR ARENA FLOOR – 2024 SEASON**

|  |  |  |
| --- | --- | --- |
| League / Team Name |  | Breakdown of Teams in Organization (include participant numbers) |
| Affiliation (Please circle) | Provincial Governing Body (HNB, Skate NB, etc) | School | Commercial/Business | (# of teams and breakdown, eg. IP, Novice, Pee Wee, Learn to skate, Adult, etc.) |
| Level of Play (Please circle) | Youth | Adult |

|  |
| --- |
| **Contact Names:** (Please note: All floor time requests will be reviewed – times provided in previous years are subject to change) |
| 1st Name |  | 2nd Name |  |
| Address |  | Address |  |
| City |  | City |  |
| Postal Code |  | Postal Code |  |
| Phone (Home) |  | Work |  | Phone (Home) |  | Work |  |
| Cell |  | Cell |  |
| **Email** |  | **Email** |  |

**April 15th 2024 to September 20th 2024 (ARENA FLOOR SEASON)**

|  |  |
| --- | --- |
| Arena Preference (list 1st & 2nd choice) | **Time Preference** |
| Days | Dates | Time |
| Start | End | Start | End | Start | End |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

# Please note day/dates you wish excluded from your schedule.

|  |  |  |  |
| --- | --- | --- | --- |
| Arena Cancellation | Day(s) | Date(s) | Hour |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Indemnification and Insurance Requirements

* Yes, Organization/Group has own insurance and will provide a copy to the City of Saint John
* No, Organization/Group does not have insurance and will require it through the City of Saint John’s insurance center

## Arena Floor Booking Acknowledgments

* I have read the following: By applying for ice with the City of Saint John, the above-named association/league/team recognizes its responsibility to allow participants the option to select or deny an informed consent request to share personal information with the City of Saint John for residency verification purposes.

|  |
| --- |
| **We have read the attached Outdoor Facility Allocation and management policy** and on behalf of the above-named organization/league/team, we agree to abideby them. We also understand that we are personally responsible for the complete and full payment of all monies payable to: City of Saint John. We understand non-compliance will terminate our floor time. |
| Dated: |  | Signed: |  |

# PLEASE NOTE: PLEASE MAKE SURE NO ONE ELSE FROM YOUR TEAM, LEAGUE OR ORGANIZATION IS APPLYING FOR THE SAME FILEDS AS YOU ARE

**ADDRESS APPLICATION TO:** Growth & Community Services, The City of Saint John

Arena Floor Application

P.O. Box 1971 **Email**: darrell.fountain@saintjohn.ca

Saint John, NB E2L 4L1