City of Saint John – Growth and Community Services

TOURNAMENT/EVENT REQUEST– 2024 SEASON

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| --- | --- |
| Event: |  |
| Organizer:(League/Company) |  |

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| --- |
| **Contact of Two Official Representatives** |
| 1st Name |  | 2nd Name |  |
| Address |  | Address |  |
| City |  | City |  |
| Postal Code |   | Postal Code |  |
| Phone (Home) |  | Work |  | Phone (Home) |  | Work |  |
| Cell |  | Cell |  |
| Email |  | Email |  |

|  |
| --- |
| Booking Details |
| Field Preference(s) | Start Date / End Date | Day(s) of Week | Time |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Services Requests: (extra additional lining fee $75 per, extended lighting, nets, etc.)  |
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| **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
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| **Sport Field 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 2024 Outdoor Facility Booking Procedures Guide** and on behalf of the above-named group, we agreeto abide by 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 outdoor field times. |
| Dated: |  | Signed: |  |

**PLEASE NOTE: TOURNAMENTS ARE NOT COMFIRMED UNTIL THE DEPOSIT HAS BEEN RECEIVED.**

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

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

Saint John, NB

E2L 4L1