



City of Saint John – Parks and Recreation
APPLICATION FOR SPORTSFIELDS - 2019 SEASON

TOURNAMENT/EVENT REQUEST

Event:			
Organizer: <small>League/Company</small>			
Contact Information			
Name:			
Address:			
City:		Postal Code:	
Phone:		Fax:	
Email:			

Booking Details				
Field Preference	Day	Date	Time	
			Start	End
Service Request : Extra Lining	Day	Date	Time	

We have read the attached Outdoor Facility Booking Procedure Guide document and understand that we are personally responsible for the complete and full payment of any and all monies payable to the City of Saint John and contracts are returned signed. We understand non-compliance will terminate our contract.

Dated:		Signed:			
Dated:		Signed:			
OFFICE USE:	Rec'd (Initials):		Invoice #		Date Sent:
	Date Rec'd:		Pmt Rec'd:		Chq # :

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- will purchase it through the City of Saint John.

Please provide additional information on your event:
