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

A picture containing text, clipart

Description automatically generated

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | |
| Arena Preference(s) | Start Date / End Date | Day(s) of Week | Time |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 | | | |
| **We have read the attached ice time allocation and management policy** and on behalf of the above-named organization/league/team, we agree to 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 our ice time. | | | |
| Dated: |  | Signed: |  |

**PLEASE NOTE: TOURNAMENTS ARE NOT COMFIRMED UNTIL INVOICES HAVE BEEN SIGNED AND RETURNED.**

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

Arena Tournament Application

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

Saint John, NB

E2L 4L1