SAINT JOHN									
League Name				Age of Participants (Please circle)		Youth	Adult		
			•	evel of Play	<u> </u>	Non	(18 & older) Competitive		
				Please circle)		Competitiv	е		
Group/ Team Name			N	No. of Players/Teams			1		
		N	No. of SJ Resident						
			I			l			
Contact of Two Official Repres	entatives:		2 nd Name						
1 st Name									
ddress			Address						
City			City						
Postal Code			Postal Cod	le					
Phone - Home	Work		Phone - Home			Work			
Phone - nome	Cell		Phone - no	onie		Cell			
Email			Email						
	_			•					
Spring: April 1 – May 1	4 th , 2020						Feb 14 th , 2020)		
Field Preference	се		Start Date	Start Date/End Date		Day(s) of Week			
1.									
2.									
3.									
4.									
Summer: May 15 th - Se	eptember 7t	h, 2020	(Application	n Deadlin	e for Sui	mmer-Mar	ch 20 th , 2020)		
Field Preference	Start Da	te/End Date	Day(s	Day(s) of Week			Time		
1.									
2.									
3.									
4.									
5.									
6.									
7.									
		th					_4h		
Fall: September 8th- N		(Application Deadline for Fall- June 5 th , 2020) Day(s) of Week Time							
Field Preference 1.	Start Da	te/End Date	Day(s)) of Week			Time		
2.									
3.									
4.			1						
T.									
	2020 Outdoo	Facility Book	ing Procedure	as Guida a	nd on heh	alf of the ab	nove-named		
We have read the attached group, we agree to abide by									
We have read the attached group, we agree to abide by payment of any and all monic	them. We also es payable to:	understand tha	it we are perso	nally respo	nsible for	the complet	te and full		
We have read the attached group, we agree to abide by	them. We also es payable to: once Requirem	understand tha City of Saint Journal of Saint Sai	it we are perso ohn. We under	nally responsible restand non-	nsible for compliand	the complete ce will termin	te and full		

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

ADDRESS APPLICATION TO: Parks and Recreation, The City of Saint John

insurance carrier.

Sportsfield Application P. O. Box 1971 Saint John, NB E2L 4L1

Email: jen.reed@saintjohn.ca

Fax: 658-2902