

City of Saint John – Growth and Community Services TOURNAMENT/EVENT REQUEST– 2021 SEASON

Event:								
Organizer: (League/Company)								
Combact of Two Official Downsountstines								
Contact of Two Official Representatives 1 st Name 2 nd Name								
Address						Address		
City						City		
Postal Code	2					Postal Code		
Phone			Work			hone		Work
(Home)			Cell			Home)		Cell
Email				<u> </u>		mail		
Booking Details								
Field Preference(s)			Start Date / End Date			Day(s) of Week		Time
1.					, , ,			
2.								
3.								
4.								
Services Requests: (extra lining, extended lighting, nets, etc.)								
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								
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 2021 Outdoor Facility Booking Procedures Guide and on behalf of the above-named group, 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.								
	Saint John	. We unde	erstand no	on-compliance		inate our ice	time.	
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: jen.reed@saintjohn.ca

Saint John, NB Fax: 658-2902

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