City of Saint John – Growth and Community Services

APPLICATION FOR COURT – 2024 SEASON

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| League /Team Name |  | Age of Participants (Please Circle) | Youth | Adult (18 & Older) |
|  |  | Level of Play | Non Competitive | Competitive |
| No. of Players /  Teams |  |  |
| No. of SJ Resident |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  | | |

**\*\* Opening of the Courts in May and is is weather dependent.**

|  |  |  |  |
| --- | --- | --- | --- |
| Court Preference | Start Date / End Date | Day(s) of Week | Time |
| *Ex: Shamrock Park Court 1-5* | *May 16th- May 16th* | *Monday* | *10am-12pm* |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 | | | |
| **Tennis Court 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 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 court time. | | | |
| Dated: |  | Signed: |  |

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

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

Court Application

P.O. Box 1971

Saint John, NB **Email:** darrell.fountain@saintjohn.ca

E2L 4L1