|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| League /Team Name |  | Age of Participants (Please Circle) | Youth | Adult (18 & Older) |
|  |  | Level of Play | Non Competitive | A picture containing text, clipart  Description automatically generatedCompetitive |
| No. of Players / Teams |  |  |
| No. of SJ Resident |  |  |

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 |  | | |

**Spring: April 1 – May 15th, 2025**

|  |  |  |  |
| --- | --- | --- | --- |
| Field Preference | Start Date / End Date | Day(s) of Week | Time |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

**Summer: May 16th – September 5th, 2025**

|  |  |  |  |
| --- | --- | --- | --- |
| Field Preference | Start Date / End Date | Day(s) of Week | Time |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |

**Fall: September 6th – November 1st, 2025**

|  |  |  |  |
| --- | --- | --- | --- |
| Field Preference | Start Date / End Date | Day(s) of Week | Time |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 2025 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 field 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

Sportsfield Application

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

Saint John, NB Fax: 658-2902

E2L 4L1