|  |  |
| --- | --- |
| Event Name: |  |
| Event Type:  (Please check box) | **Tournament:** Community events such as sporting, recreation and cultural tournaments and competitions that does not generate funds.  **Fundraising Event:** Event for the benefit of a local non- profit community organization, that does generate funds. |

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. |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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  **Application for Tournament rate**  I will submit the event budget, and anticipated team registration fee by September 30th, 2024, for staff verification. **(If documents are not supplied by September 30th, or staff identify the bookings as for profit- the fundraising hourly rate will apply, or event will be canceled)** | | | |
| **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**

Attn: Arena Tournament Application

P.O. Box 1971 Via email: darrell.fountain@saintjohn.ca

Saint John, NB

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