



Ball Diamond Allocation Request

Request Date:	May 15 - Sept 30 <i>(dates subject to change based on weather)</i>	Requests accepted between February 1 - 12:00am March 15 - 4:00pm
Organization:	Main Email:	
Main Contact:	Main Contact Phone:	
Billing Address:	City:	Postal Code:
Existing User Group: YES NO	Non Profit For Profit	Minor Adult
Current/Most Recent #of Registrants:	Local If yes-Residency %	Non-Local
<i>The City of Beaumont reserves the right to request the membership list from any user groups requesting facility access.</i>		
<i>List date range and all time requests below.</i>		

Main Season

	<u>Monday</u>		<u>Tuesday</u>		<u>Wednesday</u>		<u>Thursday</u>		<u>Friday</u>	
Start Date										
End Date										
Location	Start Time	EndTime	Start Time	EndTime	Start Time	EndTime	Start Time	EndTime	Start Time	EndTime
FS #1										
FS #2										
FS #3										
WRP #1										
WRP #2										
WRP #3										
WRP #4										
BM										
BV #1										
BV #2										
Milieu E										
Milieu W										

	<u>Saturday</u>		<u>Sunday</u>	
Start Date				
End Date				
Location	Start Time	EndTime	Start Time	EndTime
FS #1				
FS #2				
FS #3				
WRP #1				
WRP #2				
WRP #3				
WRP #4				
BM				
BV #1				
BV #2				
Milieu E				
Milieu W				

<i>Ball Diamond Abbreviations</i>	
FS #1	Four Seasons #1
FS #2	Four Seasons #2
FS #3	Four Seasons #3
WRP #1	West Recreation Park #1
WRP #2	West Recreation Park #2
WRP #3	West Recreation Park #3
WRP #4	West Recreation Park #4
BM	Beau Meadow
BV #1	Bellevue #1
BV #2	Bellevue #2
Milieu E	Milieu E
Milieu W	Milieu W

Ball Diamond Tournament or Special Event Request

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******Please submit separate forms for each event******

Organization:	Main Email:
Main Contact:	Main Contact Phone:

Event Name/Type:			
Event Dates:			
Start Time/End Time/Per Day:			
Number of Games:			
Number of Teams/Participants:			
All Locations Required: (Rooms, Gym, FH, Lobbies, Etc.)			
Number of Tables:		Number of Chairs:	
Other Equipment Requested:			

***** tables/chairs are subject to availability *****

Alcohol:	Yes	No
Vendors:	Yes	No
Outdoor Events:	Yes	No

User groups and CVO's will be required to provide registration numbers and residency percentage of their members.
 Requests for special events are to be submitted with the annual allocation request on a separate form.
 All groups are responsible for SOCAN and RESOUND fees for their activities.
 All groups are required to provide liability insurance naming the City of Beaumont as an additional insured at the time the allocation request is made.
 Rental fees will be approved annually by council according to the fees and charges bylaw.

Personal information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and will be used for the administration and management of the City of Beaumont's Recreation Facility bookings. If you have any questions about the collection or use of your personal information, contact the City of Beaumont's FOIP Coordinator at 5600-49th Street, Beaumont, Alberta, T4X 1A1 or 780.929.8782.

User Group Signature

Facility Booking Clerk

Date Submitted

Date Received