



Sport Field User Request Form

Request Date: <input type="checkbox"/> May 15 - Sept 30 <i>(Dates subject to change based on weather)</i>	Request due by Mar. 15
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Organization: _____	Main Contact: _____
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Main Contact Email: _____	Main Contact Phone: _____
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Existing User Group: YES NO Non-Profit-If Yes # _____ For Profit

User Group Category Minor Adult User Group Residency Local Non-Local

Current/Most Recent # Registrants: _____ If local - Residency %: _____

The City reserves the right to request the membership list from any and all user groups requesting facility access

Billing Address: _____	City: _____
Postal Code: _____	
Additional contacts: _____	Email: _____
<i>Name & Number</i> _____	_____
_____	_____

User groups are to request all their practice and game requests in the grid below.

Date range:	<i><u>Monday</u></i>		<i><u>Tuesday</u></i>		<i><u>Wednesday</u></i>		<i><u>Thursday</u></i>	
	Field E/W	Start/End time	Field E/W	Start/End time	Field E/W	Start/End time	Field E/W	Start/End time
Beau Meadow	<input type="checkbox"/> E <input type="checkbox"/> W		<input type="checkbox"/> E <input type="checkbox"/> W		<input type="checkbox"/> E <input type="checkbox"/> W		<input type="checkbox"/> E <input type="checkbox"/> W	
Coloniale	NA		NA		NA		NA	
Dansereau	NA		NA		NA		NA	
Gobeil	<input type="checkbox"/> E <input type="checkbox"/> W		<input type="checkbox"/> E <input type="checkbox"/> W		<input type="checkbox"/> E <input type="checkbox"/> W		<input type="checkbox"/> E <input type="checkbox"/> W	
JE Lapointe	NA		NA		NA		NA	
Champs Vallee	<input type="checkbox"/> E <input type="checkbox"/> W		<input type="checkbox"/> E <input type="checkbox"/> W		<input type="checkbox"/> E <input type="checkbox"/> W		<input type="checkbox"/> E <input type="checkbox"/> W	
Milieu	<input type="checkbox"/> E <input type="checkbox"/> W		<input type="checkbox"/> E <input type="checkbox"/> W		<input type="checkbox"/> E <input type="checkbox"/> W		<input type="checkbox"/> E <input type="checkbox"/> W	
Mother D'Youville	NA		NA		NA		NA	
F S Football	NA		NA		NA		NA	

	<i>Friday</i>		<i>Saturday</i>		<i>Sunday</i>	
Date range:						
	Field E/W	Start/End time	Field E/W	Start/End time	Field E/W	Start/End time
Beau Meadow	<input type="checkbox"/> E <input type="checkbox"/> W		<input type="checkbox"/> E <input type="checkbox"/> W		<input type="checkbox"/> E <input type="checkbox"/> W	
Coloniale	NA		NA		NA	
Dansereau	NA		NA		NA	
Gobeil	<input type="checkbox"/> E <input type="checkbox"/> W		<input type="checkbox"/> E <input type="checkbox"/> W		<input type="checkbox"/> E <input type="checkbox"/> W	
JE Lapointe	NA		NA		NA	
Champs Vallee	<input type="checkbox"/> E <input type="checkbox"/> W		<input type="checkbox"/> E <input type="checkbox"/> W		<input type="checkbox"/> E <input type="checkbox"/> W	
Milieu	<input type="checkbox"/> E <input type="checkbox"/> W		<input type="checkbox"/> E <input type="checkbox"/> W		<input type="checkbox"/> E <input type="checkbox"/> W	
Mother D'Youville	NA		NA		NA	
F S Football	NA		NA		NA	

User groups and CVO's will be required to provide registration numbers and residency percentage of their members.

Request for special events are to be submitted with annual allocation request.

All groups are responsible for SOCAN and RESOUND fees for their activities.

All groups are required to provide liability insurance naming City of Beaumont as additional insured at the time of 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



Sport Field Tournament/Special Event Request Form

Request Date: <input type="checkbox"/> May 15 - Sept 30 <i>(Dates subject to change based on weather)</i>	Request due by Mar. 15
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Organization: _____	Main Contact: _____
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Main Contact Email: _____	Main Contact Phone: _____
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Existing User Group: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Non-Profit-If Yes # _____ <input type="checkbox"/> For Profit
User Group Category <input type="checkbox"/> Minor <input type="checkbox"/> Adult User Group Residency <input type="checkbox"/> Local <input type="checkbox"/> Non-Local

Billing Address: _____	City: _____
Postal Code: _____	
Additional contacts: _____	Email: _____
<i>Name & Number</i>	
Dates Requesting: _____	
Preferred Fields(s): _____	
Times Requested: _____	
Number of games: _____	
Number of teams/participants: _____	
# of Tables: _____	# of Chairs: _____

****tables and chairs are subject to availability***

Other Requirements (Silent Auction, 50/50 etc.):

User group Signature

Facility Booking Clerk

Date submitted

Date received