

Recreational Facility Allocation Package

Please read and complete entire package prior to sending back to Facilities Bookings. Instructions on how to fill out the forms are listed below. If you have any questions, please contact administration at facility.bookings@beaumont.ab.ca

Instructions:

Organization Contact Information for Allocation of Recreational Facilities

1. Organization Information

- List the name of your organization that you are applying for allocation, please include full name not abbreviations.
- List the mailing address and postal code for the organization
- Provide two contacts for your organization who will be the direct contact between City Administration and your organization
- Is your Organization Non-Profit or Profit?
 - Non-Profit is an organization with a registered society or recognized community group
 - o Profit, your organization looks to profit from the activity

2. Organization Registrations

- 2025 Participants state expected or current # of registrants for the upcoming allocation period.
- 2024 Participants state the past number of registrants for the same period last year.
- Difference between years subtract the expected participants from the previous 2024 season to see if there is an increase or decrease in the number of participations.

3. In-season or Off-season

- In-season is considered when most games and practices occur
- Off-season is considered where most time is spent on development and practices building up to in season

4. Local or Non-Local Participants

- State if your organization is local or non-local
 - Local users must have seventy percent (70%) or more of membership comprised of Beaumont citizens, or are within the Beaumont area
 - The City of Beaumont reserves the right to request membership lists
 - Calculated by the number of identified members defined as local divided by the total number of members

5. Minor or Adult Organizations

- State if your organization is Minor or Adult
 - Seventy percent (70%) of the membership/participants are seventeen
 (17) years old or younger



Allocation Request Form

Fill out the date in the top left corner that the form is submitted

Fill out the Organization Name and the Main Contact at the top of the sheet.

Fill out the Start Date and End Date for the needed times for the facility for each day of the week.

If you have various start and end dates that are different from most of the season, please fill out a separate form for that specific period. For example, dates for tryouts and preseason will be different from season use.

Beside each location, please list as accurately as possible the times needed. Enter a Start Time and an End Time. Times can be broken up into different segments by spacing over.

If any further detailed information needs to be provided, please add it to the notes and comments section

Please complete the allocation form by initialing/signing the document, listing your role with the organization, user organization, and date.

Please submit on or before the deadline date to facility.bookings@beaumont.ab.ca

Tournament or Special Event Request

Please fill out a separate request for each special event.

Answer the following questions:

Event Name/ What Is It

Event Dates

Start and Ends Times for each day.

Number of games per day.

Number of Teams Participating

All locations required. (Arenas, specific fields, lobby, warmup areas)

Number of Tables and Chairs

Other equipment needed (systems, trash cans, picnic tables)

Additional questions regarding alcohol, vendors, and outdoor events. – Examples of vendor could include vendors selling merchandise, food trucks, or beer garden.

Please complete the Tournament or Special Event form

Representative signature/initial

Role in Organization

User Group Name

Date Completed

Submission of forms:

Please submit all forms by the deadline for the facility and allocation period to:

Facility.bookings@beaumont.ab.ca



Organization Contact Information for Allocation of Recreational Facilities

1.	Organization Information				
	Name of Organization:				
	Address:				
	Postal Code:				
	Main Contact Name:				
	Main Contact Email:				
	Main Contact: Phone:				
	Secondary Contact:				
	Secondary Contact Email:				
	Secondary Contact: Phone				
	Organization Status: Non-				
	profit or Profit				
2.	Organization Registrations				
	2025 Participants				
	2024 Participants				
	Difference between years				
	Percentage increase or				
	decrease				
3.	In Season / Out of Season				
	In-season or Off -Season:				
4.	Local or Non-Local Participants				
	% Of identified members				
	who are residents of				
	Beaumont				
5.	Minor or Adult Organization				
	Youth or Adult Focused				
	Organization				



MPR/Hall Allocation Request

Request Date:	Spring/Summer (May 1 - August 31)	KNRRC	ССВСС	BSRC	<u>Deadline:</u> December 1st 11:59pm		
Please submit separate forms for each season							
Organization: Main Email: List date range and all time requests below. Attach a separate list of times if more space is required.							
					ace is required.		

Main Season

	Start	End	Start	End	Room #/	Room #/		
	Date	Date	Time	Time	Name	Name	Room Abbreviations	
<u>Monday</u>							KNB	KNRRC Banquet Rm
							KNS	KNRRC Small Meeting Rm
							BR 1	CCBCC Breakout Rm #1
<u>Tuesday</u>							BR 2	CCBCC Breakout Rm #2
							BR 3	CCBCC Breakout Rm #3
							BR 4	CCBCC Breakout Rm #4
<u>Wednesday</u>							BR D1/2	CCBCC Double Breakout Rm #1/2
							BR D3/4	CCBCC Double Breakout Rm #3/4
							CCMR	CCBCC Community Meeting Rm
<u>Thursday</u>							CBR	CCBCC Boardroom
							FH	CCBCC Full Hall
							LRGH	CCBCC Large Hall
<u>Friday</u>							SMH	CCBCC Small Hall
							EVR	BSRC Event Rm
							211	BSRC Rm #211
<u>Saturday</u>							213	BSRC Rm #213
							215A	BSRC Rm #215A
							215B	BSRC Rm #215B
<u>Sunday</u>							215F	BSRC Full Rm #215 A/B
		5						
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User Group Signa	ature			Role
		_		
User Group Printed	l Name			Date

MDD / Hall Tournament or Special Event Dequest

Request Date: Sp		pring/Summer Nay 1 - August 31)	KNRRC	CCBCC BSRC December		<u>Deadline:</u> December 1st 11:59pm	
	parate for	ns for e	ach even	<u>t***</u>			
Organization:			Main Email:				
Main Contact:			Main Contact	t Phone:			
Event Name/Ty	pe:						
Event Dates:	······································						
Start Time/End Time/	•						
Number of Gam							
Number of Teams/Par	rticipants:						
All Locations Required Arenas- <i>How Many</i> , Lot							
Number of Tab				Number of Chairs:			
Other Equipment Re	quested:						
		** tables/ch	nairs are subject to	availability **			
Alcohol:	Yes	No					
Vendors:	Yes	No					
Outdoor Events:	Yes	No					
All groups are requi	Requests f red to provide Ren	tal fees will be approved anni	ubmitted with the annifor SOCAN and RESO e City of Beaumont as ually by council accord	ual allocation red UND fees for the an additional in ling to the fees	quest on a separa eir activities. sured at the time and charges byla	ate form. e the allocation request is made. w.	
administration and mana	gement of the		on Facility bookings.	f you have any	questions about	rivacy (FOIP) Act and will be used for the the collection or use of your personal 1A1 or 780.929.8782.	
User Group Signature			_			Role	
User				Date			