Township North Stormont Recreation Department

Sport Team Rental Application/ Recreation Facility Rental



Township of North Stormont 15 Union Street, P.O. Box 99 Berwick, Ontario KOC 1G0 jagibson@northstormont.ca Phone: 613-984-2821 Fax: 613-984-2908 www.northstormont.ca

<u>eague I</u>	<u>nformation</u>	/ Contact						
<u>Primary</u>	Contact:			Secondary Contact				
Full Name	2:			Full Name:				
Address:				Address:				
Town				Town				
Province:				Province:				
Postal Code:			Postal Code:					
Email:				Email:				
Phone Nu	ımber:			Phone Number:				
Preferred	l Contact: $\qquad \qquad \square$	Email 🗌 Phono		Preferred Contact: 🔲 Email 🔲 Phone				
Ty Le	am Name: pe of Sport: vel of Sport:	ou and your team li	ke to rent?	Total Number o General Age Br Total # of Tear	acket:			
3) Is this	a new request (or a league renewal	?					
	New Request	Renewal						
4) Pleaso	e list the dates/1	imes you would like	for your team.					
	Program	Day of Week	Start Date	End Date	Start Time	End Time		
Exmp:	Jnder 5 Soccer	Monday	05/05/12	07/20/12	5:00pm	6:00pm		

^{*} Need to rent for a minimum of 1 hour

^{**}Leagues will be given priority if they have previously rented with the Township

5) Do you require? (not all	facilities have these ameniti	es, please let us know v	vhat you need)		
Overhead Lights	Other:				
Equipment Rental	Other:				
Locker Room	Vinci.				
6) Price Information (pleas	e contact the Township to a	rrange your price and fi	ll in the informat	ion)	
☐ One-time use ☐ Multi-use	Price given by Tov	vnship:	Per (week, ho	our, etc)	
☐ Tournament us	e * There is a \$5.00 adm	ninistration fee as well as a \$	100.00 security depo	sit (Given back at th	e end of your rental)
I recognize that there is a	potential risk of injury or potentia	al health risk that is associate	ed with any use of To	wnship of North Sto	rmont Recreation
Facilities. I hereby willingly assume su during and after my/their use of these	ich risk of injury for myself, as we				
In consideration of these po assigns HEREBY RELEASE, WAIVE, AND F appointed members and contractors o caused, arising or to arise by reason o	f the Township of North Stormont	of North Stormont, all associa	nted recreation group	os, volunteers, staff,	respected agents,
I understand that a failure t Agreement and Safety may result in m above, and the potential risk and dan		e facility provided. By checki			
		I hereby agree to the	above, on beha	ılf of our orga	nization \square
i have read and understand rules and regulations may le and guarantee that the infor am representing the league a	ad to the dismissal of my mation provided in this a	rental agreement. I b application is correct,	iave provided tl	ne needed add	itional items below
Player Roster	☐ Yes	Signature:			
Current Executive	☐ Yes	signaturo.	Doto		
Proof of Insurance	☐ Yes		Date:		
Schedule of Games/Practic	_				
Signed copy of Sports Agree	ement				
OFFICE USE ONLY		Additional 1	Information:		
Intake Person:					
Intake Date:					
Rental Fee Paid: YES □	NO □ Amount:				
Rental Fee Paid: YES Security Deposit: YES	NO		Townsh	in Annroval Stamn	
			Townsh	ip Approval Stamp	
Security Deposit: YES □	NO 🗆 Amount:		Townsh	ip Approval Stamp	