

Recreation Services

FOR OFFICE USE ONLY: Date Received:

Facility Request: Fall, Winter, Spring 2026/2027

Facilities are allocated utilizing the Fair Play Facility Allocation Policy.

INSTRUCTIONS:

- 1) To complete form electronically, click "Fill & Sign".
- 2) Fill in form by clicking the cursor where you want to type.
- 3) Save a copy for your records and email a copy to: Reccsd@vaughan.ca.

| Organizational Profile: | | | | Deadline Date: March 9, 2026 | | | | |
|---|--|--|--|---------------------------------|--------------------------|----------------------------|----------------------------|--|
| Organization's Name | | | | | | | | |
| □ CSO/SSO | ☐ Minor | ☐ Resident | ☐ Commercial | □ Ne | w User | ☐ Returning | g User | |
| Main Contact | | | Secondar | y Contact | | | | |
| E-Mail Address | | | | E-Mail Address | | | | |
| Address | | | | Address | | | | |
| City | | | | City | | | | |
| Postal Code | | | Postal Co | ode | | | | |
| us. Phone No. Home Phone No. | | | | Bus. Phone No. Home Phone No. | | | | |
| NOTE: Accounts must b be submitted before required: | | | including full addresses and | phone numbers fo | r all groups (you | uth groups also requi | ire birthdates) must | |
| ☐ Activity Rooms | ☐ Arena (Ice | In) Gyms | ☐ Halls ☐ Ind | oor Bocce Co | urts Exp e | ected Attenda | ance: | |
| Liability insurance is requi or can purchase through | of the facility (ie | nts can provide proof of insu User Group Insurance. | oall, etc.) and any se urance by completing the Ci | ty of Vaughan <mark>Stan</mark> | dard Certificat | <u>e of Insurance</u> (ple | ase provide copy), | |
| First Choice: Location | | Day(s) | | | Dates (MM/DD/YY) From To | | Times (HH/MM, A/P) From To | |
| | | | | | | | | |
| Second Choice: Location | | Day(s) | Day(s) | | M/DD/YY) To | Times (HH/MM, A/P) From To | | |
| | | | | | | | | |
| Tournament: Location | | Day(s) | | Dates (MI From | M/DD/YY) To | Times (I | HH/MM, A/P) To | |
| | | | | | | | | |
| of the Municipal Act, 200 | 01, S.O. 2001 c.25, as a In Services Department | amended. This information i files where applicable. Que | Freedom of Information & Prwill be used by the City of Vestions regarding this collecti | aughan for the pur | pose of, mailing | s and the rental of (| City facilities and will | |
| of myself, the renting orga | anization and its memb | ers agree to release and disc | As part of the consideration for charge, and to indemnify and or injury arising by reason of | d save harmless the | Municipality fro | | | |
| I have read and understoo | od the Rental Contract (| Conditions & Regulations ar | nd agree to abide by these co | onditions for all of t | he dates/times i | ssued by this request | | |
| Applicant's Signature (Min | n. age 18 years of age): | | | | Date: | | | |