

**Recreation Services** 

## **Facility Request:** Fall, Winter, Spring 2025/2026

**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:**

| Organization's Name | •  |                |                                  |                              |                                      |        |
|---------------------|--|----------------|----------------------------------|------------------------------|--------------------------------------|--------|
| CSO/SSO             | ☐ Minor  | □ Resident     | Commercial                       | □ New User                   | □ Returning User                     |        |
| Main Contact        |  |                | Secondary Cor                    | ntact                        |                                      |        |
| E-Mail Address      |  |                | E-Mail Address                   | ;                            |                                      |        |
| Address             |  |                | Address                          |                              |                                      |        |
| City                |  |                | City                             |                              |                                      |        |
| Postal Code         |  |                | Postal Code                      |                              |                                      |        |
| ( )                 |  | ( )            | ( )                              |                              | ( )                                  |        |
| Bus. Phone No.      |  | Home Phone No. | Bus. Phone No                    |                              | Home Phone No.                       |        |
|                     | t be in good standing and<br>equests can be considered |                | including full addresses and pho | ne numbers for all groups () | youth groups also require birthdates | ) must |
| Facility:           |  |                |                                  |                              |                                      |        |
| □ Activity Roon     | ns 🛛 Arena (Ice  | n) 🛛 Gyms      | □ Halls □ Indoor                 | Bocce Courts <b>Ex</b>       | pected Attendance:                   |        |

## Intended Use and Set Up:

Please specify use of the facility (ie- meetings, basketball, etc.) and any set up details required.

Liability insurance is required for all permits. Clients can provide proof of insurance by completing the City of Vaughan Standard Certificate of Insurance (please provide copy), or can purchase through the Recreation Services User Group Insurance.

**Separate forms** are required for each community centre and facility type requested.

| First Choice: Location  | Day(s)    | Dates (MM/DD/YY) |                  | Times (HH/MM, A/P) |                    |  |
|-------------------------|-----------|------------------|------------------|--------------------|--------------------|--|
|                         |           | From             | То               | From               | То                 |  |
|                         |           |                  |                  |                    |                    |  |
|                         |           |                  |                  |                    |                    |  |
|                         |           |                  |                  |                    |                    |  |
| Second Choice: Location | Day(s)    | Dates (N         | M/DD/YY)         | Times (HH/MM, A/P) |                    |  |
| Second Choice. Location | Day(3)    | From             | То               | From               | То                 |  |
|                         |           |                  |                  |                    |                    |  |
|                         |           |                  |                  |                    |                    |  |
|                         |           |                  |                  |                    |                    |  |
| Tournament: Location    | Day(s)    | Dates (N         | Dates (MM/DD/YY) |                    | Times (ḨH/MM, A/P) |  |
|                         | 2 4 9 (5) | From             | То               | From               | То                 |  |
|                         |           |                  |                  |                    |                    |  |
|                         |           |                  |                  |                    |                    |  |
|                         |           |                  |                  |                    |                    |  |

This form may contain personal information as defined under the Municipal Freedom of Information & Protection of Privacy Act. This information is collected under the legal authority of the Municipal Act, 2001, S.O. 2001 c.25, as amended. This information will be used by the City of Vaughan for the purpose of, mailings and the rental of City facilities and will become part of Recreation Services Department files where applicable. Questions regarding this collection may be directed to the Director of Recreation Services, City of Vaughan, 2141 Major Mackenzie Drive, Vaughan, Ontario L6A 1T1, 905.832.8500.

I hereby request use of the above location(s) on the dates and times shown. As part of the consideration for the City of Vaughan renting the above noted facilities to melus, I, on behalf of myself, the renting organization and its members agree to release and discharge, and to indemnify and save harmless the Municipality from and against all claims and proceedings, by whom/whoever made or brought, in respect of any cost, losses, damage or injury arising by reason of my/our use of the rental facilities.

I have read and understood the Rental Contract Conditions & Regulations and agree to abide by these conditions for all of the dates/times issued by this request.

Applicant's Signature (Min. age 18 years of age)

FOR OFFICE USE ONLY: Date Received:

R.C.#

Date