



FACILITY RENTAL REQUEST FORM

Please fill in the following information and submit to:
Mooretown Sports Complex, 1166 Emily St. Mooretown, ON N0N 1M0
Email: jdolbear@stclairtownship.ca Fax: 519-867-2393

APPLICANT INFORMATION

Name of Organization/Group:			
Main Contact Person:		Email:	
Mailing Address:			
Bus Phone:	Mobile:	Fax:	
Alternate Contact Person:		Email:	
Bus Phone:	Mobile:	Fax:	
Is your organization: Youth ____ Adult ____		Are you a St. Clair Twsp based group (more than 80% St. Clair Twsp Residents)? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Please check: League ____ (if yes - # of teams ____) Pick-up group ____ Individual ____ Contact Hockey ____ Non-contact Hockey ____ Other _____ Liquor Event ____ Non-Liquor Event ____			
# of Participants:			

RENTAL REQUEST DETAILS

**** LEAGUES: Please identify playoff requests on separate form****

Facility Requested	Booking Dates For start/end date use dd/mm/yy format			Times *		Used Last Year?	
	Day of Week	Start Date dd/mm/yy	End Date dd/mm/yy	Start Time	End Time	Yes	No

NOTE: ICE RENTALS: Hourly Ice rentals are based on 50 minute ice time and 10 minute flood. Flood occurs at the beginning of your rental. **SPORTSFIELDS:** Please attach pitching mound and base distance requirements.

Successful applicants will be sent a Facility Rental Contract that must be signed and returned to the address above or e-mailed before the facility can be used. Please allow at least four weeks for processing of request (unless this is a last-minute booking).

The personal information on this form is collected pursuant to the Municipal Act in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O 1990 for the purpose of the administration of tournament and special event requests. Questions regarding this collection should be directed to the Director of Community Services at 519-867-2651 or klindsay@stclairtownship.ca