



**OUTDOOR SPORT FACILITY  
RENTAL APPLICATION**

Contact Information (All applications must provide two contacts)

**SECTION 1**

Group/League \_\_\_\_\_ Main Contact \_\_\_\_\_  
 Address \_\_\_\_\_ City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Phone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Alternate Contact \_\_\_\_\_ (Phone) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Address \_\_\_\_\_ City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Email Address \_\_\_\_\_

General Information (Equipment / Bases Will Not Be Provided)

**SECTION 2**

Type of Field Requested	Type of League	Purpose of Usage
<input type="checkbox"/> Softball <input type="checkbox"/> Football <input type="checkbox"/> Baseball <input type="checkbox"/> Ultimate Frisbee <input type="checkbox"/> Soccer <input type="checkbox"/> Other _____	<input type="checkbox"/> Men's <input type="checkbox"/> Women's <input type="checkbox"/> Adult <input type="checkbox"/> Minor <input type="checkbox"/> Co-ed	<input type="checkbox"/> Practice / Game <input type="checkbox"/> League <input type="checkbox"/> Tournament <input type="checkbox"/> Other _____

Field Rental Details

**SECTION 3**

1st Choice	2nd Choice	3rd Choice
Field _____	Field _____	Field _____
Day: <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa	Day: <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa	Day: <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa
Start Date _____ Time _____	Start Date _____ Time _____	Start Date _____ Time _____
Finish Date _____ Time _____	Finish Date _____ Time _____	Finish Date _____ Time _____

I acknowledge that this application is only a request. Rentals are not confirmed until all applicable fees are paid in advance of usage and a contract is signed. Please note that under certain circumstances, the option of a payment plan may be available.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Privacy Notice

**SECTION 4**

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is required to process this form. Questions about the collection and use of the information may be directed to the Recreation Division at 709-576-8631 / 576-8499 or recreation@stjohns.ca.

For Internal Use Only

**SECTION 5**

Form Received By _____	Date Form Received _____
Confirmation _____	Permit # _____
Date _____ Time _____	Key Deposit Receipt # _____ Amt. Paid _____
Facility _____	Rental Receipt # _____ Amt. Paid _____

Please send completed form to: [recreation@stjohns.ca](mailto:recreation@stjohns.ca)  
 Paul Reynolds Community Centre, 35 Carrick Drive  
 H.G.R. Mews Community Centre, 40 Mundy Pond Road

Recreation Division  
 P.O. Box 908  
 St. John's, NL A1C 5M2

For further information:  
 Phone: 709-576-8631 / 576-8499  
 Email: recreation@stjohns.ca