

	RECREATION – RAIN OUT FORM			Department of Community Services	
	<b>RAIN-OUT FORM OUTDOOR SPORT FACILITIES</b>				
Rain Out Details					<b>SECTION 1</b>
Name of League/Organization	Facility	Date of Rain-Out	Time(s) Affected	Signature of League/Org. Representative	Office Use Only Date Stamp & Initial
Privacy Notice					<b>SECTION 2</b>
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					<b>SECTION 3</b>
Form Received By: _____			Date Form Received _____		
Please send completed form to: <a href="mailto:recreation@stjohns.ca">recreation@stjohns.ca</a>		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	
Fax completed form to: 709-576-5691					