



# CITY OF PRINCE GEORGE

## Community Services Department – SCHOOL AND FIELD USE APPLICATION FORM

Organization Name: \_\_\_\_\_

Nature of Activity: \_\_\_\_\_

Representative: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Youth  Adult

Postal Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

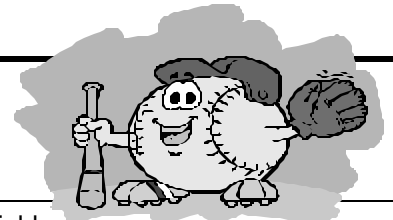
**PLEASE NOTE: This is an application only. Before any booking is effective, the City of Prince George must have a completed and signed Contract on file. Minimum TWO WEEK processing time may be required.**



**SCHOOLS:**  
Special Instructions:

1.	1 <sup>ST</sup> Choice:	<input type="checkbox"/> Gym	<input type="checkbox"/> Classroom	<input type="checkbox"/> Other
	2 <sup>ND</sup> Choice:	Hours of Use: From _____ To _____		
	Start Date: _____ End Date: _____	Day(s) of Week: _____		
2.	1 <sup>ST</sup> Choice:	<input type="checkbox"/> Gym	<input type="checkbox"/> Classroom	<input type="checkbox"/> Other
	2 <sup>ND</sup> Choice:	Hours of Use: From _____ To _____		
	Start Date: _____ End Date: _____	Day(s) of Week: _____		

**FIELDS AND DIAMONDS:**  
Special Instructions:



1.	1 <sup>ST</sup> Choice:	<input type="checkbox"/> Diamond	<input type="checkbox"/> Field
	2 <sup>ND</sup> Choice:	Hours of Use: From _____ To _____	
	Start Date: _____ End Date: _____	Day(s) of Week: _____	
2.	1 <sup>ST</sup> Choice:	<input type="checkbox"/> Diamond	<input type="checkbox"/> Field
	2 <sup>ND</sup> Choice:	Hours of Use: From _____ To _____	
	Start Date: _____ End Date: _____	Day(s) of Week: _____	

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THE COMMUNITY SERVICES DEPARTMENT MAY REQUIRE THE LICENSEE TO HAVE PUBLIC LIABILITY INSURANCE DEPENDING ON THE NATURE AND SCOPE OF THE ACTIVITIES.**

**MAIL, VISIT, OR FAX TO:**

Community Services Department, 1100 Patricia Blvd Prince George, BC V2L 3V9  
Phone: 250-561-7640 Fax: 250-612-5608