



Sports Field Application Form

Name of Organization: _____ Address: _____

Postal Code: _____

Primary Contact: _____ Role within Organization: _____

Email Address: _____ Daytime Phone Number: _____

Secondary Contact: _____ Role within Organization: _____

Email Address: _____ Daytime Phone Number: _____

Please complete separate forms if you are requesting more than one park

Type of Sport: _____ Age Group: _____

Number of participants: _____ Gender: _____

Insurance required: _____ Insurance coverage provided by (league or company): _____

Park requested: _____

Field: _____ Change rooms requested: Yes No

Days requested: _____ Start date: _____

Times requested: _____ Finish date: _____

Please detail reason for any changes from last year's requests:

If you are requesting a tournament, please complete this section

Park requested: _____ Purpose of Tournament: _____

Dates: _____ To _____ Special Occasion Liquor License request?

In signing this application I acknowledge that I am the official representative of this team/organization and will be responsible for ensuring all the terms and conditions of the City of Victoria Park Permit(s). Any changes to the official representative will be made in writing to the City of Victoria Parks with my signature along with the signature of the new representative. I also understand that the above information may be shared with other municipalities and sports field users.

Date: _____ Signature: _____

Please return completed application form to:

Mailing Address: City of Victoria
Parks, Recreation and Facilities Department
#1 Centennial Square, Victoria BC V8W 1P6

Office Location: Crystal Pool and Fitness Centre
2275 Quadra Street, Victoria BC V8T 4C4
T 250.361.0361 F 250.361.0723
parkspermits@victoria.ca