



# Sports Field Application Form

Name of Organization: \_\_\_\_\_ Address: \_\_\_\_\_

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: \_\_\_\_\_ Change rooms requested: \_\_\_\_\_

Field: \_\_\_\_\_ 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](mailto:parkspermits@victoria.ca)