



Court Application Form 2025

Name of Organization / Play Group: _____

Are you an **Organization** or **Play Group** (as defined below): _____

- **Organization:** *Including legal entities, such as schools, sport organizations, community centres, businesses etc., that support inclusive and equitable participation in sport.*
- **Play Group:** *Including private clubs, friend groups, workplace groups etc., that are not open to public participation.*

Address (including Postal Code): _____

Primary Contact: _____

Role within Organization: _____

Email Address: _____

Daytime Phone Number: _____

Secondary Contact: _____

Role within Organization: _____

Email Address: _____

Daytime Phone Number: _____

Type of Sport: _____

Number of Participants: _____

Park Requested: _____

Number of courts: _____

Days Requested: _____

Start Date: _____

Times Requested: _____

End Date: _____

Organization and Play Group Seasonal Bookings are required to provide proof of liability insurance. Insurance coverage provided by organization: **Yes** **No**

Please describe any changes from last year's requests: _____

Please return completed forms to parkspermits@victoria.ca or drop off attention to Darlene Hammond, Permits Clerk, at Crystal Pool and Fitness Centre, 2275 Quadra Street Victoria, BC, V8T 4C4.

Date: _____

Signature: _____

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 court users.