



Parks, Recreation and Facilities Department
1 Centennial Square
Victoria, BC V8W 1P6

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victoria.ca

Park Use Application Form

Name of Organization: _____

Contact Person: _____

Address: _____ Postal Code: _____

Daytime Phone Number: _____ Fax Number: _____

Email Address: _____

Type of Event: _____

Number of participants: _____ Age Group: _____ Do you require insurance? Yes No

What other park(s) has your organization used: _____

Which municipalities: _____

Details of Request (please complete separate forms if you are requesting more than one park)

Park requested: _____ Specify area: _____

Date(s) park requested: _____

Set up time: _____ Take down time: _____

Start time: _____ Finish time: _____

Did you use this park last year? Yes No

Please detail reasons for any changes to last year's requests:

Please provide any other information that you feel is required:

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 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.

Signature: _____ Date: _____

Please return completed application form to:

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

Drop-off: Crystal Pool and Fitness Centre
2275 Quadra Street, Victoria BC