

FACILITY REQUEST

Event Name : _____

Customer Information

Name _____

Company/Organization _____

Phone No _____

Email _____

Address _____

Alternate/On-Site Contact _____

Phone No _____

Single Date Bookings

	Date	Start Time	End Time
Set-up			
Event			
Take-down			

Multi-Date Bookings

Date Range _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start							
End							

Please check off required spaces below

Multi-Rec Centre		Charity Park		Sinclair Park	
Fieldhouse (Full Surface)		Ball Diamond 1 Slow Pitch 1		Ball Diamond 1 Baseball	
Fieldhouse (Front Half of Surface)		Ball Diamond 2 Slow Pitch 2		Ball Diamond 2 Baseball	
Fieldhouse (Front Half of Surface)		Ball Diamond 3 Hardball		Ball Diamond 3 Baseball	
Arena 1		Ball Diamond 4 Multi-Use		Ball Diamond 4 Baseball	
Arena 2				Ball Diamond 5 T-Ball	
Lobby		RMSS		Ball Diamond 6 T-Ball	
Play-Centre		Soccer Field		Ball Diamond 7 T-Ball	
Multi-Purpose Room					
Running Track					

Event Description _____

Anticipated Attendance _____

Equipment Needed _____
Ex. Rectangle Tables, Round _____
Tables, Chairs, Sports _____
Equipment _____

Event Type

Please check off event type below

Adult Private Function Ex. Professional Workshop		Youth Private Function Ex. Kids Birthday Party	
--	--	--	--

Will this event be advertised in the community? If so, is there information you would like us to give out to the public? Do you have a poster for this event? _____

Will you be serving food? (Please note it is your responsibility to contact AHS.) ☐ Yes ☐ No

Will you be requiring parking and loading/unloading areas? _____



Town of
SLAVE LAKE