

# Sports User Application Form

Email: [allocations@saskatoon.ca](mailto:allocations@saskatoon.ca)

Telephone: (306) 975-3366

PART A: CONTACT INFORMATION			
Organization		Organization Website:	
Mailing Address: (City, Province, and Postal Code)			
Primary Contact Name:			
Primary Contact Email:		Primary Contact Phone:	
Alternate Contact Name:			
Alternate Contact Email:		Alternate Contact Phone:	

PART B: SPORT & LEVEL OF PLAY		
<b>SPORT:</b> <input type="checkbox"/> Baseball <input type="checkbox"/> Football <input type="checkbox"/> Lacrosse <input type="checkbox"/> Slo-pitch <input type="checkbox"/> Soccer <input type="checkbox"/> Softball <input type="checkbox"/> Ultimate Disc <input type="checkbox"/> Other _____	<b>LEVEL OF PLAY:</b> <input type="checkbox"/> Competitive League Play <input type="checkbox"/> Recreation League Play <input type="checkbox"/> Practice Time	<b>CATEGORY OF PLAY:</b> <input type="checkbox"/> Adult Co-ed <input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Youth/Minor <ul style="list-style-type: none"> <li><input type="checkbox"/> Subsidized</li> <li><input type="checkbox"/> Non-subsidized</li> </ul>

PART C: FIELD REQUESTS				
FIELD SELECTION DETAILS				
	Day(s) Requested: (ex. Monday)	Time(s) Requested:	Beginning Date/End Date	Field Location
1 <sup>ST</sup> CHOICE				
2 <sup>ND</sup> CHOICE				
3 <sup>RD</sup> CHOICE				

**\*Please note: if you are booking Umea or Newsham Soccer Fields between 7:00-11:00pm you must pay for the lights as well (\$39.00/hour)**

PART D: SPECIAL INSTRUCTIONS/REQUIREMENTS
Provide any additional information required for your league below.

PART E: DECLARATION	
Signature:	Date:

FOR OFFICE USE ONLY			
Date Received:		Contract Number:	Liability Insurance Received: