

# Sport Field Application Form

Allocations Office - Cosmo Civic Centre  
3130 Laurier Drive  
Saskatoon SK S7L 5J7

Email: [allocations@saskatoon.ca](mailto:allocations@saskatoon.ca)  
Telephone: 306-975-3366

## PART A: CONTACT INFORMATION

<b>Organization Name:</b>		<b>Organization Website:</b>	
<b>Mailing Address:</b> <i>(City, Province, and Postal Code)</i>			
<b>Primary Contact Name:</b>			
<b>Primary Contact Email:</b>		<b>Primary Contact Phone:</b>	(    )    -
<b>Alternate Contact Name:</b>			
<b>Alternate Contact Email:</b>		<b>Alternate Contact Phone:</b>	(    )    -

## PART B: SPORT, LEVEL and CATEGORY 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>
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## PART C: FIELD REQUESTS

### Field Selection Details

Priority	Day(s) Requested <i>(e.g. Monday):</i>	Time(s) Requested AM/PM	Beginning Date/ End Date	Field Location
1 <sup>st</sup> Choice				
2 <sup>nd</sup> Choice				
3 <sup>rd</sup> Choice				

## PART D: SPECIAL INSTRUCTIONS/REQUIREMENTS

Provide any additional information required for your league below.

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## PART E: DECLARATION

I hereby certify that, to the best of my knowledge and belief, the information given in this application is true and correct.

<b>Signature:</b>		<b>Date:</b>	
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## FOR OFFICE USE ONLY

<b>Date Received:</b>		<b>Contract Number:</b>	
<b>Date Liability Insurance Received:</b>			