

OUTDOOR MULTI-USE BOX GROUP APPLICATION

				AFFLI	
To obtain a multi-use box allotment Team Roster forms. Red cells must					
Seasonal Request (Please che	eck one): Dea	dline:			
Spring/Summer (April - August)	Feb	ruary 23, 2024 (this yea	ar only)		
Fall/Winter (September - March)April 1, of the cu					
User Group/Team Name:					
Mailing Address:					
City:	Prov.		Postal Code:		
Sport:		Date Submitted:			
1st Contact					
Name:	Address:				
City:	Prov.		Postal Code:		
Email:	Cell:		Other:		
2nd Contact					
Name:	Addre	ess:			
City:	Prov.		Postal Code:		
Email:	Cell:		Other:		
Please complete based on the cu	rrent season:				
Does your group belong to a larg League name:	er organization or league	? Yes	No		
Number of:					
Participants:	Male	Female		Teams	
Burnaby based participants:	Male	Female		Teams	
Age Group percentage (approxim	nately)		Male		Female
5 & Under					
6 - 10 years					
11 - 15 years					
16 - 18 years					
19 - 30 years					
31 - 40 years					
41 + years					
Total must be 100% ·			%		%



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FACILITY LOCATION (indicate in order of preference)

- 1. Confederation
- 2. Riverway

Facility		Date Choose from drop down			Time hh:mm am/pm	
Choice Facility Requested						
#	Field/Diamond Name	Day of Week	Start date	End date	Start	End
1.						
2.						
3.						
4.						
5.						
6.						
7.						

Additional Information (Limit 200 characters)

Please complete and return attention to Allotment Clerk:

Burnaby Parks, Recreation & Cultural Services Suite 2301 - 3713 Kensington Avenue Burnaby, BC V5B 0A7

Email: parksallotments@burnaby.ca