

APPLICATION TO HOLD A SPECIAL EVENT, TOURNAMENT, RUN/WALK

Attention: Booking Coordinator/Supervisor of Sports & Outdoor Recreation
CITY OF BURNABY | PARKS, RECREATION & CULTURAL SERVICES

#101 - 4946 Canada Way, Burnaby, BC V5G 4H7
Telephone: 604.294.7459 | Fax: 604.294.7223
Email: parksallotments@burnaby.ca

Spring/Summer requests Due October 31 of previous year

Fall/Winter requests Due March 31 of current year

A SUBMISSION OF THIS APPLICATION IS A REQUEST TO USE PARK SPACE AND DOES NOT GUARANTEE APPROVAL OR PERMIT

Organization Name: _____ Date of Application: _____

Event Name: _____ Event Purpose: _____

Contact Name: _____ Email Address: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Cell: _____ Alternative: _____ Website: _____

Name of Authorized Signatory (Person legally permitted to sign allotment agreement): _____

Is organization a registered non-profit society? No: Yes: # _____

If Yes, **please attach** a copy of certificate of incorporation and list of directors.

Is organization an Incorporated Company? No: Yes: # _____

If Yes, **please attach** a copy of certificate of incorporation and list of directors.

of Participants: _____ # of Spectators (~): _____ # of Volunteers: _____

of Teams (if applicable): _____ # of Games (if applicable): _____

Event Related Vehicles: _____

Is this event: One-time Annual

Is this event open to the public? No Yes If No, Why?: _____

Event Description. Please include: type, schedule, & description of activities. Please attach additional page(s), if required.

If Walk/Run, please provide assembly/staging area, and attach map of proposed route:

Proposed Dispersal Area:

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List Choices 1, 2, 3				
Location Requested	Date(s)	Event Time(s)	Set up Time(s)	Take down Time(s)
1.				
2.				
3.				

Will you be requesting any of the following at your event? (Please provide details below or attach)

Food Preparation	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Amplified Sound (music, PA)	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Food Vendors/Food Trucks	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Alcoholic Beverages	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Merchandise Vendors	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Temporary Structures (tents, stages)	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Power required (if available)	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	ATM Machine Required	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Do you have your own general liability coverage?					No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	

Entertainment (bouncy castles, amusement rides, inflatable, petting zoo, pony rides etc.)

List any additional services your event may require (washroom access, port-a-potties, extra garbage cans, etc.)

EVENT BACKGROUND

Where was the event held in previous years (city and park, or facility name)? _____

Facility contact person and phone number: _____

How many years have you held this event? _____

Please note: No refunds will be issued for Tournament/Special Events unless the facility/site can be re-booked. Client will be required to provide liability insurance for the event. Further details will be provided if event approval is granted.

