SPORTS BOX GROUP APPLICATION

To obtain a sports box allotmen Red cells must be completed. Ir						n Roster forms.
Seasonal Request (Please	check one):	Deadline:				
Spring/Summer (April - August)		November 01,	of the previo	ous year		
Fall/Winter (September - March)	April 1, of the	current year			
User Group/Team Name:						
Sport:	Date Submitted:					
1st Contact						
Name:		Address:				
City:	Postal Code:		Email:			
Prov	Cell:			Other:		
2nd Contact						
Name:		Address:				
City:	Postal Code:		Email:			
Prov	Cell:			Other:		
Please complete based on the						
Does your group belong to a	larger organizatior	n or league?	Yes	No		
League name:						
Number of:						
Participants:	Male	·	Female		Teams	
Burnaby based participants:	Male		Female		Teams	
Age Group percentage (appro	oximately)			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% :				70		70



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FACILITY LOCATION (indicate in order of preference)

1. Confederation

2. Riverway

Facility			Date			Time	
Choice Facility Requested		Choo	hh:mm am/pm				
#	Sports Box Name	Day of Week	Start date	End date	Start	End	

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

Personal information is collected and used under the authority of the Freedom of Information and Protection of Privacy Act s. 26(C) for the purpose of administering parks, recreation and cultural programs. For more information, contact the Admin Office 604-294-7450.

