



City of Lethbridge

ATHLETIC FIELD/BALL DIAMOND/TRACK APPLICATION

Address: Recreation & Culture, 3rd Floor, City Hall
910 - 4th Ave. South, Lethbridge, Alberta, T1J 0P6

FAX: 403-320-4163
PHONE: 403-320-3011

League Name: \_\_\_\_\_ Renewal: Yes \_\_\_\_\_ No \_\_\_\_\_

Booking Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Ph.: \_\_\_\_\_ Bus. Ph.: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Contact: (Available during office hours for rainouts/emergencies)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Table with 4 columns: FACILITY, DAY OF WEEK, DATES REQUIRED, TIME. Multiple empty rows for scheduling.

Alternate Choices:

Table with 4 columns: FACILITY, DAY OF WEEK, DATES REQUIRED, TIME. Multiple empty rows for alternate choices.

Note: Separate application required for all tournaments

LEAGUE INFORMATION

Type of Activity (Coed, Child, Ball, Rugby, Soccer ....) \_\_\_\_\_

No. of Teams in League \_\_\_\_\_ Number of Games/Night \_\_\_\_\_

Regular Season: \_\_\_\_\_ to \_\_\_\_\_ 20 \_\_\_\_

Playoff Season: \_\_\_\_\_ to \_\_\_\_\_ 20 \_\_\_\_

Equipment / Services Required: \_\_\_\_\_

Treasurer: (Person to receive billings if different than main contact)

Table with 5 columns: Name, Address, Home Ph., Bus Ph., Fax. Empty rows for treasurer information.

The City of Lethbridge may be asked for contact information about your organization. Please notify Community Services if you do not want your contact name and phone number given out to inquiries or included on recreation contact lists.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Table with 2 columns: Contract Number, Rate. Empty rows for contract details.