



PLEASE PRINT

OUTDOOR SPORT FACILITY  
RENTAL APPLICATION

DEPARTMENT OF COMMUNITY SERVICES  
RECREATION DIVISION

CONTACT INFORMATION (All applications must provide two contacts)

SECTION 1

Group/League \_\_\_\_\_ Main Contact \_\_\_\_\_  
 Address \_\_\_\_\_ City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Phone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Alternate Contact \_\_\_\_\_ (Phone) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Address \_\_\_\_\_ City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Email Address \_\_\_\_\_

GENERAL INFORMATION (Equipment / Bases Will Not Be Provided)

SECTION 2

<b>Type of Field Requested</b> <input type="checkbox"/> Softball <input type="checkbox"/> Football <input type="checkbox"/> Baseball <input type="checkbox"/> Ultimate Frisbee <input type="checkbox"/> Soccer <input type="checkbox"/> Other _____	<b>Type of League</b> <input type="checkbox"/> Men's <input type="checkbox"/> Women's <input type="checkbox"/> Adult <input type="checkbox"/> Minor <input type="checkbox"/> Co-ed	<b>Purpose of Usage</b> <input type="checkbox"/> Practice / Game <input type="checkbox"/> League <input type="checkbox"/> Tournament <input type="checkbox"/> Other _____
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FIELD RENTAL DETAILS

SECTION 3

1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice
Field _____	Field _____	Field _____
Day of Week: S M T W T F S	Day of Week: S M T W T F S	Day of Week: S M T W T F S
Start Date _____	Start Date _____	Start Date _____
Time _____	Time _____	Time _____
Finish Date _____	Finish Date _____	Finish Date _____

I acknowledge that this application is only a request. Rentals are not confirmed until all applicable fees are paid in advance of usage and a contract is signed. Please note that under certain circumstances, the option of a payment plan may be available.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR INTERNAL USE ONLY

SECTION 4

Form Received By _____	Date Form Received _____
Confirmation _____	Permit # _____
Date _____ Time _____	Key Deposit Receipt # _____ Amt. Paid _____
Facility _____	Rental Receipt # _____ Amt. Paid _____

The completed form can be dropped off or mailed to:  
 H.G.R. Mews Community Centre  
 Attn. Outdoor Field Bookings  
 40 Mundy Pond Road, P.O. Box 908  
 St. John's, NL A1C 5M2

OR Emailed to: [recreation@stjohns.ca](mailto:recreation@stjohns.ca)

Faxed to (709) 576-5691

For more information please call (709) 576-8499



NEWFOUNDLAND AND LABRADOR, CANADA