

**INSTRUCTIONS:**

- 1) To complete form electronically, click on the Typewriter tool at the top of the page.
- 2) Fill in form by clicking the cursor where you want to type.
- 3) Save a copy for your records and email a copy to: [recreation.permits@vaughan.ca](mailto:recreation.permits@vaughan.ca) or fax form to: 905-832-8550.

# FACILITY REQUEST: SUMMER 2012 PARKS: PICNIC AREAS

**DEADLINE DATE: JANUARY 20, 2012**

**ORGANIZATIONAL PROFILE:**

<b>ORGANIZATION'S NAME</b>		ORGANIZATION'S PREVIOUS NAME (if different)	
<input type="checkbox"/> MINOR	<input type="checkbox"/> ADULT	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> REQUESTED PERMITS IN PREVIOUS YEARS
MAIN CONTACT		SECONDARY CONTACT	
E-MAIL ADDRESS		E-MAIL ADDRESS	
ADDRESS		ADDRESS	
CITY		CITY	
( )	( )	( )	( )
BUS. PHONE NO.	HOME PHONE NO.	BUS. PHONE NO.	HOME PHONE NO.

**PLAYERS/MEMBERSHIP LIST ATTACHED?**  YES  NO

**PLEASE NOTE:** Accounts must be in good standing and a Players/Membership list, including full addresses and phone numbers for all groups (youth groups also require birthdates) must be submitted before requests can be considered.

**INTENDED USE:**

PICNIC  SCHOOL EVENT  SPECIAL EVENT (PLEASE SPECIFY): \_\_\_\_\_

**FIRST CHOICE:**

LOCATION	DAY(S)	DATES		TIMES		EXCLUSION DATES
		FROM	TO	FROM	TO	

**SECOND CHOICE:**

LOCATION	DAY(S)	DATES		TIMES		EXCLUSION DATES
		FROM	TO	FROM	TO	

# FACILITY REQUEST: SERVICES-IN-KIND EQUIPMENT

**EQUIPMENT TYPE:** Please list quantity.

<input type="text"/> BLEACHERS: LARGE	<input type="text"/> GARBAGE CONTAINERS	<input type="text"/> RECYCLING TOTERS	<input type="text"/> STAGE
<input type="text"/> BLEACHERS: SMALL	<input type="text"/> GENERATOR*	<input type="text"/> SHOWMOBILE	<input type="text"/> TABLES
<input type="text"/> CHAIRS	<input type="text"/> PICNIC TABLES	<input type="text"/> SOUND SYSTEM*	

OTHER: \_\_\_\_\_

\* Must be delivered and signed for, or picked up.

Layout drawing attached

SPECIFIC LOCATION FOR DELIVERY OF EQUIPMENT

\_\_\_\_\_

TYPE OF EVENT

DATE OF EVENT

We invite all past users to provide us with feedback, comments or issues regarding their event, date, location, etc.

\_\_\_\_\_

\_\_\_\_\_

I hereby request use of the above location(s) on the dates and times shown. As part of the consideration for the City of Vaughan renting the above noted facilities to me/us, I, on behalf of myself, the renting organization and its members agree to release and discharge, and to indemnify and save harmless the Municipality from and against all claims and proceedings, by whom/whoever made or brought, in respect of any cost, losses, damage or injury arising by reason of my/our use of the rental facilities.

**I AGREE** I have read and understood the Rental Contract Conditions & Regulations and agree to abide by these conditions for all of the dates/times issued by this request.

APPLICANTS SIGNATURE (MIN. AGE 18 YEARS OF AGE)

DATE

City of Vaughan  
2141 Major Mackenzie Drive  
Vaughan, Ontario L6A 1T1  
TEL. 905-832-8500 FAX. 905-832-8550  
WEB: [www.vaughan.ca](http://www.vaughan.ca)

FOR OFFICE USE ONLY

DATE REC'D

F#