**2018/2019 Ice Tournament & Special Event Application**

**APPLICANT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Organization/Group: | | | |
| Main Contact Person: | | Email: | |
| Mailing Address: | | | |
| Bus Phone: | Mobile: | | Fax: |
| Alternate Contact Person: | | \*Email: | |
| Is your organization: Youth \_\_\_\_ Adult \_\_\_\_\_ | | Are you a Guelph based group (more than 80% Guelph Residents)? YES NO | |
| Provision of Insurance: Providing Own \_\_\_\_\_\_\_\_\* Purchasing through City \_\_\_\_\_\_\_\_  *\*Minor Hockey groups must provide their own insurance.* | | | |

**EVENT/TOURNAMENT DETAILS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Tournament/Event Name: | | | | | Date(s): | |
| Expected # Participants: | Expected # of Spectators: | | Annual Event/ Tournament:  Y N | | First Time Event/ Tournament:    Y N | |
| Circle Level of Competition (if applicable) | | National | | Provincial | | Regional |
| Circle to Indicate Private or Public Event | | Private | | Public | | **If Public,** Will tickets be sold? Y N |

**REQUEST DETAILS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Booking Dates (Incl. Month and Date)** | | | **Times** | | **Used Last Year?** | |
| **Facility Requested** | **Day of Week** | **Start Date** | **End Date** | **Start Time** | **End Time** | **Yes** | **No** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |

Personal information, as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) is collected under the authority of the Municipal Act, 2001, and in accordance with the provisions of MFIPPA.  Personal information collected on this form will be used for the purpose of the administration of a special event at a City of Guelph and/or at a City of Guelph facility.

If you have questions about this form, please contact the City of Guelph’s Supervisor, Recreation Booking, Events and Promotions at 519-822-1260 x 2618 or [patricia.pizziola@guelph](mailto:patricia.pizziola@guelph). If you have questions about the collection; use, and disclosure of this information, contact the City of Guelph’s Program Manager, Information, Privacy and Elections at 519-822-1260 x 2349 or [privacy@guelph.ca](mailto:privacy@guelph.ca).

**\*Request for Consent:** Canada’s anti-spam legislation requires us to secure your consent to continue communicating with you electronically. To allow us to continue providing information that is relevant to you and your business, please confirm your consent by initialling here. \_\_\_\_\_\_\_\_\_\_

The undersigned has read and hereby warrants and represents that he/she has sufficient power, authority and capacity to bind the applicant with his/her signature

**Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete page 2**

**Please indicate what is involved in your event** - **Be as complete as possible with your answers**

**Facility Requirements (Based on Availability):**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Item*** | ***Yes*** | ***No*** | ***Additional Information*** |
| Sound System | Y | N |  |
| Podium | Y | N |  |
| Projector/AV Equipment | Y | N |  |
| Whiteboard | Y | N |  |
| Tables | Y | N | Quantity: |
| Chairs | Y | N | Quantity: |
| Signage | Y | N | Describe: |
| Electrical Access | Y | N |  |

**Other Requirements (Additional Permits/Fees may be required):**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Item*** | ***Yes*** | ***No*** | ***Additional Information*** |
| Alcohol | Y | N | ARMP Application & Site Layout with Proposed Licensed Area Required |
| Generators | Y | N | Quantity & Size: |
| Pre-packaged Food  Prepared Food  Cooking/Warming Food on Site | Y  Y  Y | N  N  N | Describe: |
| Lottery/Raffles/Bingos/50/50 | Y | N | Describe: |
| Recorded/Live Music | Y | N | Describe: |
| Food Vendors  Retail Vendors  Service Vendors | Y  Y  Y | N  N  N | Vendor list Required |