

Section A - Contact Information (2 Contacts are Mandatory)

| The (| ity will use these | email addresses t | o contact v | you about field | conditions and | other import | ant information |
|-------|---------------------|----------------------|-------------|-----------------|----------------|--------------|-------------------|
| 1116 | sity will use these | ciliali audi esses t | o contact v | you about neid | conditions and | | anı minomination. |

| Sport Played | Field Name | Day of week | Start Date | End Date | Start Time | End Time | | Evemntio | n Dates |
|--|--|--------------------|-----------------------|--------------------------------|------------------|-----------------|----------------|--------------------|----------------------------|
| Section C – Field Requ The City will make eve | uest ery effort to grant your | field location/tin | ne requests; howe | ver, no guarant | ees on field red | quests. | | | |
| ☐ Insurance Certificat Please submit insura | e Attached ance certificate even if | renewal is later i | n season. It is the a | applicant's respo | onsibility to en | sure the City h | as the most u | p to date certific | ate on file. |
| How many teams are in your organization? | | | | How many total players | | | | organization? | |
| Name of your Organiza | | | | How many weeks in your season? | | | | | |
| ☐ Adult - Regular Seaso | n 🗌 Youth - | - Regular Season | | l Camp | □то | ournament – A | dult | ☐ Tournam | ent – Youth |
| | | | | imum 75% of th | e group must l | be Markham re | esidents other | rwise Non-Resido | ent rates will be applied. |
| Emany Address. | | | | EmanyAddre | 33. | | | | |
| Email/Address: | | | | Email/Addre | | | | | |
| Telephone: Cell/Business: | | | | Cell/Busines | · · | | | | |
| Postal Code: | | | | Postal Code: Telephone: | | | | | |
| City: | | | | City: | | | | | |
| Address: | | | | Address: | | | | | |
| Primary Contact: | | | | Secondary C | ontact: | | | | |
| | | - | | | | | | | |

| Sport Played | Field Name | Day of week | Start Date | End Date | Start Time | End Time | Exemption Dates |
|--------------|------------|-------------|------------|----------|------------|----------|-----------------|
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| Maximum of 50 people. Please contact the Allocation Department for information about rentals of more than 50 people. |
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| |
| Location: |
| Date: |
| Start Time: |
| End Time : |
| Number of Guests attending: |
| Requests for Picnic Tables: 1 Load = 8 Tables |
| Number of loads requested: |
| Requests for BBQ Fencing: 1 Load = 50 ft (Required if bringing a BBQ to any Markham Outdoor Park) Number of loads requested: |
| Number of loads requested. |
| |
| Section D – Acknowledgment |
| I as the Permit Holder, acknowledge and am aware that there will be costs involved when booking fields and do hereby accept responsibility for all fees charged by the City of Markham for the use of the sports fields requested, including hydro and miscellaneous charges (if applicable). Permit Holder is responsible for submitting a written request for any cancellation and/or change(s) to this application and/or their permit. Refunds will NOT be issued for any cancellation and/or change requests made less than one (1) week prior to the permitted date. Permit Holder must pick up litter and garbage after each facility use. The City of Markham may invoice the Permit Holder for costs incurred to clean up, damages or other services requiring City of Markham staff. Permit Holder must obtain written authorization from the Parks Manager before applying for LCBO license. Permit Holder is not allowed to sell food at any park without prior written consent from the Parks Manager. |
| The undersigned confirms that the permitted party carries public liability insurance of not less than \$5 million dollars and agrees to indemnify Markham against all claim |

arising in relation to the permitted party's use of the permitted premises. The undersigned will provide a copy of the valid Certificate of Insurance with the application prior to use

Section D – Gazebo Rentals in Addition to Field bookings (Please identify your request for Gazebo space below:)

of the field/park/diamond.

Date:

NOTE: The City of Markham reserves the right to cancel or suspend permits.

Send complete form to: City Of Markham - Allocations Department, 101 Town Centre Blvd, Markham ON L3R 9W3 • Or email: rentalpermits@markham.ca

Signature: