

Sport Events and Tournament Application

For any events that is larger than your regular season play ex. Championship Day, Picture Day....



For information: Parks & Recreation Department 905-335-7600 extension 7574

Complete this form on your own, or arrange a meeting with designated coordinator for assistance. The information provided will assist in determining the approvals or special requirements that will be necessary for the Event to proceed. Activities may be cancelled by notifying the staff liaison, in writing. Please keep in mind that adding activities less than six weeks prior to your event may not allow sufficient time to process the approval for that activity. It is important that this request is submitted as soon as possible to ensure sufficient time to review the application. New events & enhancements may be subject to Council approval.

Return this completed application to: Attention SPORTS OFFICE – C/O Parks & Recreation City Hall, 426 Brant Street, Burlington ON, L7R 3Z6 or you can email the form to sports@burlington.ca

Application deadline:
September 30 for events: Summer
January 30: Fall /Winter/Spring

Reoccurring event: Yes No

Permit #:

EVENT: _____ **RUN BY:** _____
EVENT DESCRIPTION: _____

Part A: Organization Information

ORGANIZATION NAME: _____
 Is your Organization registered as Not for Profit? Yes No If **yes**, please provide a number: _____
 If **no** please list the recipient(s) of any event proceeds: _____

CONTACTS: Provide two contacts that we may communicate with for city approvals.

1. Name _____
 Position with Organization _____
 Address _____
 City _____ Postal Code _____
 Phone # _____ Fax # _____
 E-mail address 1 _____
 Email address 2 _____

2. Name _____
 Position with Organization _____
 Address _____
 City _____ Postal Code _____
 Phone # _____ Fax # _____
 E-mail address 1 _____
 E-mail address 2 _____

*** can this contact information be given out to the public? Y N

Part C: Event Information

Proposed Date(s):	Operating Hours		Estimated Daily Attendance:
	For Event	For set-up & tear down	
Day 1 Facilities:			
Day 2 Facilities:			
Day 3 Facilities:			

Part D: Event Components

For each activity or item, check (✓) either yes or no and provide additional information as required (Outline details separately if necessary):

Proposed Component	Yes	No	Additional Information
Alcohol at the Event (Licensed area, Bavarian Garden)	<input type="checkbox"/>	<input type="checkbox"/>	Date(s): _____ Time(s): _____ SOP# _____
Carnival Rides or Amusements or Bouncers	<input type="checkbox"/>	<input type="checkbox"/>	Date(s): _____ Time(s): _____ Building _____
Fireworks or Pyrotechnics	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____ Time: _____ Location: _____ Fire Dept. _____
Food/Beverages Provided for Participants	<input type="checkbox"/>	<input type="checkbox"/>	Please be specific: _____ Health Region _____ <i>Please note that a coordinator application must be filled out on behalf of the event organizer.</i>
Fundraising Activities (Gambling, Raffles, Casinos)	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____ Building _____
Installation of Tents, Canopies, Portable Washrooms	<input type="checkbox"/>	<input type="checkbox"/>	Size(s): _____ Building _____ <i>Please note that any structure with an area larger than 60 m² must apply for a building permit.</i>
Live Entertainment or Amplified Sound	<input type="checkbox"/>	<input type="checkbox"/>	Specify Type: _____ Date(s): _____ Time(s): _____ SET _____
Revenue Generation/Admission Charged	<input type="checkbox"/>	<input type="checkbox"/>	Amount Charged (\$): _____ Adult: _____ Child/Senior: _____ Family: _____ SET _____
Use of Outdoor Cooking Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____ SET _____

Part E: City Resources

For each resource indicate either yes or no and provide additional information as required.

Property (based on space allocation policy)	Yes	No	Additional Information
City or Regional Streets/Roads (provide map with details if possible)	<input type="checkbox"/>	<input type="checkbox"/>	If yes, provide details as per City Street and/or Sidewalk Application Form
Indoor Facilities ie: Sherwood Building	<input type="checkbox"/>	<input type="checkbox"/>	Facility: _____ Specific Room(s): _____
Outdoor Facilities and Play Fields	<input type="checkbox"/>	<input type="checkbox"/>	List any locations not specified on previous page (i.e. press box): _____ _____

Any questions with regards to scheduling, please all your designated coordinator; Tracey McQueen 905 335 7600 x 7574 or Jackie Ellicott 905 335 7600 x7264

Equipment (based on availability)	Yes	No	Additional Information
Electrical Access	<input type="checkbox"/>	<input type="checkbox"/>	RPM
Water Access (not available at all locations)	<input type="checkbox"/>	<input type="checkbox"/>	RPM
Enhanced Playfield Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	RPM
Garbage and Recycling Containers	<input type="checkbox"/>	<input type="checkbox"/>	How many: _____ Pick Up: <input type="checkbox"/> Y <input type="checkbox"/> N RPM
Portable City Stage	<input type="checkbox"/>	<input type="checkbox"/>	SET
Park Washroom Access (not available at all locations)	<input type="checkbox"/>	<input type="checkbox"/>	RPM

EXTRA FEES MAY BE APPLICABLE FOR THE ABOVE EQUIPMENT RENTAL REQUESTS ALONG WITH ADDITIONAL CHARGES FOR DELIVERY, SET-UP AND TAKE DOWN.

Part F: Event Insurance

To be provided naming "The Corporation of the City of Burlington" as an additional name insured.

The level of insurance required will be determined upon review of this application, however applicants should possess a minimum of 2 million dollars in Commercial General Liability Insurance.

Part G: Applicant Signature

Application Completed by (please print): _____
Signature: _____ Date: _____

For Internal Use Only

Application received by: _____ Date: _____

For diamonds playfields and gym users:
Tracey McQueen
Mcqueent@burlington.ca or 905 335 7600x7574

for arenas and rectangular fields
Jackie Ellicott
ellicottj@burlington.ca or 905 335 7600 x 7264