

Parks, Recreation & Culture Department
 Township of King
 Seasonal Outdoor Sport Facility Rental Request Form

Part A: Client Information

Name of Organization: _____ Phone Number: _____
 Name of Contact person: _____ Fax Number: _____
 Address: _____ Email Address: _____
 City: _____ Postal Code: _____

Insurance Certificate enclosed: Yes No
 Adult League Youth League

Purpose of Use: _____
 Facility Requested for Use: _____

Part B: Facility Information

Facility Location:					
Day of Week	Start Date	End Date	Entry Time	Exit Time	Elapsed Time

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