

YOUNGS SPORTSPLEX FACILITY REQUEST FORM

Organization		
Contact Name	Email	
Address	City	Postal Code
Home Phone	Cell Phone	

Have you booked with us before? Yes _____ No _____ If 'Yes', contract number # _____
 How would you like to receive your permit? (check one) Emailed _____ Pickup _____

Include all dates _____ **OR** only include one date based on list in order of preference _____

Day	Start Date	Finish Date	Start Time	End Time	Field/Court

If requesting a field, please circle ALL applicable: **INDOOR** **OUTDOOR** **FULL** **HALF** **QUARTER** **MINI**

Type of activity: _____ Youth _____ Ages _____ OR Adult _____ # of Participants: _____ # of Teams: _____ Commercial: Yes _____ No _____ YSP reserves the right to request proof of not for profit status

Exception Dates:

Liability Insurance Provided _____ **OR** Added to Permit (fee applies) _____

Additional comments:
Credit Card: MASTERCARD _____ VISA _____ AMERICAN EXPRESS _____ Card Number: _____ Expiry: _____ Name on card: _____ <small>Facility requests will not be accepted without credit card information on file.</small>

Mail, Drop off or Scan & Email this form to scheduling@youngssportsplex.com
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