



**MOUNT PLEASANT SPORTS PARK APPLICATION**

**City of Regina, Central Scheduling Office, P.O. Box 1790, Regina, SK, S4P 3C8**  
 1700 Elphinstone Street, The Co-operators Centre at Evraz Place  
 Phone: (306) 777-7529 Fax: (306) 777-6826 E-mail: centralscheduling@regina.ca

**THE ALLOCATION PROCESS BEGINS FEBRUARY 1. ALL APPLICATIONS RECEIVED AFTER JANUARY 31, WILL BE PROCESSED ON A FIRST-COME, FIRST-SERVE BASIS.**

*Where applicable, all applications should be made on behalf of leagues.*

League/Affiliation Name: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Non-Profit Incorporation #: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (Res) \_\_\_\_\_ (Bus) \_\_\_\_\_ (Cell) \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (Res) \_\_\_\_\_ (Bus) \_\_\_\_\_ (Cell) \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

- Location:**     Currie Field             Kaplan Field             Speedskating Oval  
 North Soccer Pitch     South Soccer Pitch     Livingstone Field

**SPECIAL EVENT/TOURNAMENT REQUEST**

PLEASE COMPLETE THIS SECTION IF YOU ARE REQUESTING THE SINGLE ONE-TIME USE OF A FIELD OR IF YOU ARE ORGANIZING A SPECIAL EVENT OR TOURNAMENT.

Activity: \_\_\_\_\_

Dates Required: \_\_\_\_\_

| DAY       | LOCATION (S) | TIMES |
|-----------|--------------|-------|
| MONDAY    |              |       |
| TUESDAY   |              |       |
| WEDNESDAY |              |       |
| THURSDAY  |              |       |
| FRIDAY    |              |       |
| SATURDAY  |              |       |
| SUNDAY    |              |       |

Over...

**LEAGUE REQUEST**

Number of teams in league: \_\_\_\_\_

Age group of participants:    17 year & under    18 years & older

How many games per week does each team within your league play? \_\_\_\_\_

Is your group affiliated with a Provincial Sport Governing Body (ie Saskatchewan Baseball, etc)    Yes    No

Name: \_\_\_\_\_

Start & finish dates for league (ie May 1 - June 30): \_\_\_\_\_

**Please note that in order to maximize facility usage, whenever possible we will be booking blocks of time. Scheduling staff will review each application and changes may be required.**

Booking Slots Available:    9:00am – 1:00pm    1:00 – 6:00pm    6:00pm – dusk

| DAY       | LOCATION (S) | TIMES |
|-----------|--------------|-------|
| MONDAY    |              |       |
| TUESDAY   |              |       |
| WEDNESDAY |              |       |
| THURSDAY  |              |       |
| FRIDAY    |              |       |
| SATURDAY  |              |       |
| SUNDAY    |              |       |

**ANY SCHEDULE REVISIONS (ADDITIONS/DELETIONS) MUST BE REQUESTED IN WRITING BY THE APPLICANT**

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

|   |
|---|
| FOR OFFICE USE ONLY<br>Date Received: _____ |
|---|