

PART A: CONTACT INFORMATION			
Organization/Team Name:			
Primary Contact Name:			
Mailing Address: <i>(Include city, province & postal code)</i>			
Organization Phone Number:		Organization Email Address:	
Primary Contact Phone Number:		Primary Contact Email Address:	
Alternative Contact Name:			
Alternative Contact Phone Number:		Alternate Contact Email Address:	

PART B: DETAILS			
SURFACE:	SPORT:	LEVEL OF PLAY:	NUMBER OF PARTICIPANTS:
<input type="checkbox"/> Ice <input type="checkbox"/> Dryland	<input type="checkbox"/> Figure skating <input type="checkbox"/> Hockey <input type="checkbox"/> Ringette <input type="checkbox"/> Synchronized Skating <input type="checkbox"/> Speed Skating <input type="checkbox"/> Ball Hockey <input type="checkbox"/> Lacrosse <input type="checkbox"/> Other: _____	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Senior <input type="checkbox"/> Minor	
USE:		DIVISION:	NUMBER OF GAMES/SESSIONS:
<input type="checkbox"/> League Games <input type="checkbox"/> Practice <input type="checkbox"/> Tournament/ Special Event <input type="checkbox"/> Recreational			

PART C: PREFERENCES – If you require more space feel free to include a separate sheet		
<input type="checkbox"/> See attached sheet		
SPECIFIC DATES:	DAYS OF THE WEEK:	LENGTH OF SESSION:
EARLIEST START TIME:	LATEST START TIME:	ARENA PREFERENCE:

RETURN COMPLETED APPLICATIONS BETWEEN OCTOBER 1 - 15 TO:

The Co-operators Centre c/o Alicia Dorwart
 1700 Elphinstone St.
 Regina, SK S4P 2Z6

Phone: (306) 535-9582
 Email: cooperators.centre@real1884.ca

PART D: CHOICES – If your first choice/preference above is not available		
<input type="checkbox"/> See attached sheet		
	DATES:	TIMES (earliest/latest start time):
2nd Choice		
3rd Choice		

PART E: SPECIAL REQUESTS		
<i>Your booking includes the dry floor and/or ice arena time, two nets and two dressing rooms. Special requests are approved based on availability.</i>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Additional dressing rooms? If so, how many and for what purpose?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Additional nets? If so, how many?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dry floor space for training? If so, please specify start and end times.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If available, do you require overnight storage? If so, please specify dates required. Rental rate: \$50/room/night.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Restrict your bookings on LiveBarn to Private sessions? If not all, specify which sessions you want restricted.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Additional rooms or spaces? If so, how many people and for what purpose?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Space in lobby for registration? If so, please specify number of tables and chairs.

Please contact Alicia Dorwart, Sport & Recreation Program Specialist at Alicia.Dorwart@REAL1884.ca or 306-535-9582 a minimum of 30 days prior to your first booking to discuss any additional requests.

PART F: DECLARATION			
SIGNATURE:		DATE:	

FOR OFFICE USE ONLY:			
DATE RECEIVED:		CONTRACT NUMBER:	

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