## Centennial Park Multi Sport Box Facility Booking Request Form



**CONTACT INFORMATION** (of individual submitting request)

	e Number*: Email*:
OBCA	NIZATION / GROUP INFORMATION
JKGA	INIZATION / GROUP INFORMATION
Organ	nization Name*:
Name	e of Person with Signing Authority* (for naming on contract):
Orgar	nization Phone Number*:
Organ	nization Email*:
Orgar	nization Address* (if billing and shipping addresses differ, please provide both):
Mhat	type of organization or group are you?*
viiat	type of organization of group are you.
	Organized Youth Group/Association/League - Non-profit user group offering supervised, structured
	activity involving skill development for ages 0-18 years. Membership must be solicited through an open
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	activity involving skill development for ages 0-18 years. Membership must be solicited through an open public registration.  Organized Adult Group/Association/League - Non-profit user group offering structured activity and whose majority of members are over 18 years of age. Membership must be solicited through an open
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How many members did your organization or group have last year?\* Do you anticipate your membership increasing, decreasing or not changing - and why?\* Increasing Not changing Decreasing Unsure What percentage of your membership are residents of the Saanich Peninsula?\* (Saanich Peninsula including the District of North Saanich, Town of Sidney, District of Central Saanich and BOKEĆEN (Pauquachin), SIAÓUTW (Tsawout), WJOŁEŁP (Tsartlip), and WSIKEM (Tseycum) First Nations.) □ None □ 51-70% 91-100% □ 50% or less □ 71-90% Does your organization or group primarily serve or represent any of the following marginalized or equity**deserving communities?** \* (Please select all that apply) ☐ Indigenous Peoples (First Nations, Inuit, Métis) □ Black communities Other racialized communities (e.g., South Asian, East Asian, Latinx, Middle Eastern, etc.) □ 2SLGBTQIA+ individuals People with disabilities Refugees or newcomers to Canada ☐ Low-income or economically marginalized individuals □ Youth Seniors ☐ Women and gender-diverse people ☐ Other:

Required fields are denoted with \*

None of the above

Required fields are denoted with \*

## **REQUEST DETAILS - Part 1**

One line per unique timeslot. All timeslots are assumed to repeat weekly unless otherwise specified. If insufficient number of rows in table for number of timeslots to request, please complete a second form.

	Day(s) of Week* Start Date*			Exclusion Date(s) *	First Choice*		Second Choice*		Third Choice		
		Start Date*	End Date*		Start Time	End Time	Start Time	End Time	Start Time	End Time	Notes
Ex:					1pm	2:30pm	1pm	2pm	3рт	4:30pm	Biweekly
1											
2											
3											
4											
5											

<b>Other comments</b> (Please do not disclose any personal information of yourself or others that is not directly pertinent or required for consideration of this facility
request.):

Any personal information is collected by the Capital Regional District (CRD) under Section 26 (c) and (e) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of reviewing and executing the court block booking request(s) at Panorama Recreation. Should you have questions about the collection of this information, please contact: Katherine Beck, Manager of Program Services | (250) 655-2174 | <a href="kbeck@panoramarec.bc.ca">kbeck@panoramarec.bc.ca</a>