

PARKS AND RECREATION BRANCH

APPLICATION TO USE CITY OF OTTAWA HALLS, SPECIAL STUDIOS & GYMNASIUMS

Please complete ALL information requested on this form.

GENERAL INFORMATION

Date of Application:		Name of O	rganization:							
Organization Address (contr		Apt.:	Telep	Telephone (office):						
City:	Province:		Postal Code:	Fax:	Fax:					
E-MAIL for Contracts/In	voicing/Rece	ipts :								
Name of Primary Contac	t (i.e. Preside	ent):								
Address:		Apt.:	Tele	phone (home):						
City:	Province:		Postal Code:		Tele	ohone (office):				
E-MAIL:			Fax:							
Name of Secondary Con			Tele	ohone (home):						
Address:		Apt.:	Tele	lephone (office):						
City:	Province:		Postal Code:		Fax:	Fax:				
E-MAIL:										
PLEASE NOTIFY CITY STAFF WHEN THERE IS A CHANGE IN YOUR CONTACT INFORMATION										
Please categorize the activity that you will be performing under one of the following classifications:										
Meeting/Program Special Event Without Liquor Special Event With Liquor Trade Show Consumer Sale										
Please describe the details of the activity:										
Please classify your organi	zation in one of	f the following categ	gories:							
Non-profit Organization No		Private		Commercial	School Board					
		F	REQUEST	S						
		Ro	om/FACILI	TY						
Room (e.g. 1 st Floor	Main Room)	Dates (From/To	o)	Time (From/To	0)	Total Number	of Hours Requested			
		` '	(I	cluding set-up/take down times)		(Including set-up/take down times)				
Have you had a permit	in previous ve	ears? Yes	No If ye	es nlease indi	cate a n	ermit number				
Have you had a permit in previous years? Yes No If yes, please indicate a permit number:										

INFORMATION SPECIFIC TO HALLS											
Music?	Yes	No	If yes:	Live	D.J.	С	o you require Insurance?	Yes	No		
							(If unsure please ask staff)				
Special Occasion (Liquor) Permit? (you will need to apply for this yourself) Yes No											
# of part	cicipants										
Special Equipment needed: Yes No If yes please specify:											
Do you require any special arrangements (access time, set-up, take-down, decoration, delivery, catering, music, etc.) or equipment for your event? If yes, please explain:											
Freedom of Information Statement Personal information is collected on this form pursuant to s. 11(1)(5) of the Municipal Act, 2001, S.O. 2001, c.25, and will be used for the purposes of processing your application and management of the City of Ottawa recreation and culture programs. Questions regarding this collection may be addressed to Allocations/Registrations at 580-2595, Parks and Recreation Branch, 101 Centrepointe Drive, Ottawa, Ontario, K2G 5K7.											
I hereby declare that the information provided is to the best of my knowledge, accurate, and that the City of Ottawa reserves the right to verify such information. Any application submitted providing false information could cancel any privileges granted under this application and disqualify the applicant for further eligibility.											
Signature	of Applicant	t:						APPLICATION IS SUBJECT TO FFICIAL PERMIT IS ISSUED.	APPROVAL		

Once you have filled out this form, either:

- Fill it in online and e-mail it to communitycentercoordinator@kanatabeaverbrook.ca or
- Complete, print, sign and mail it to the address below.

Once the KBCA has accepted your application and Insurance has been arranged (if applicable), you will be invoiced **in advance** of your first booking date. Note: information on cheques for KBCA/City of Ottawa-provided insurance will be covered separately.

Make rental cheques payable to:

Kanata Beaverbrook Community Association

Mail rental cheques to the following address, or drop them off in the mail box outside the office on the second floor of the centre.

Kanata Beaverbrook Community Association 106 - 2 Beaverbrook Rd. Ottawa, ON, K2K 1L1

We also accept e-transfers. Contact information will be provided at time of invoicing.