



**PARKS AND RECREATION BRANCH**  
 APPLICATION TO USE CITY OF OTTAWA HALLS, SPECIAL STUDIOS & GYMNASIUMS  
 Please complete **ALL** information requested on this form.

**GENERAL INFORMATION**

|   |           |                              |                     |
|---|-----------|------------------------------|---------------------|
| <b>Date of Application:</b>                         |           | <b>Name of Organization:</b> |                     |
| Organization Address (contracts/invoices/receipts): |           | Apt.:                        | Telephone (office): |
| City:   | Province: | Postal Code:                 | Fax:                |
| <b>E-MAIL for Contracts/Invoicing/Receipts :</b>    |           |                              |                     |
| <b>Name of Primary Contact (i.e. President):</b>    |           |                              |                     |
| Address:  |           | Apt.:                        | Telephone (home):   |
| City:   | Province: | Postal Code:                 | Telephone (office): |
| <b>E-MAIL :</b>                                     |           |                              | Fax:                |
| <b>Name of Secondary Contact:</b>                   |           |                              | Telephone (home):   |
| Address:  |           | Apt.:                        | Telephone (office): |
| City:   | Province: | Postal Code:                 | Fax:                |
| <b>E-MAIL :</b>                                     |           |                              |                     |

**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 organization in one of the following categories:**

Non-profit Organization    Non-Profit Number (if available) \_\_\_\_\_      Private      Commercial      School Board

**REQUESTS**

**Room/FACILITY**

| Room (e.g. 1 <sup>st</sup> Floor Main Room) | Dates (From/To) | Time (From/To)<br>(Including set-up/take down times) | Total Number of Hours Requested<br>(Including set-up/take down times) |
|---|-----------------|--|---|
|   |                 |  |   |
|   |                 |  |   |
|   |                 |  |   |
|   |                 |  |   |

Have you had a permit in previous years?      Yes      No      If yes, please indicate a permit number: \_\_\_\_\_

