

**Municipality of Chatham-Kent**  
*Recreation Facilities*  
 25 Creek Rd., Chatham ON N7M 0L1  
 Tel 519.360.1998 Fax 519.352.4241  
 Email [CKrecfacilities@chatham-kent.ca](mailto:CKrecfacilities@chatham-kent.ca)



## Application for use of Facility/Grounds

**Organization:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

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

**Telephone: (Home):** \_\_\_\_\_ **(Cell/Work):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Insurance:**  purchase PIB through Municipality of Chatham-Kent  provide own insurance

**Season Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Facility/Grounds/Sport Field:** (please specify ball diamond/soccer field, football, tennis, track and field, cross country, canteens, band shell, etc. and add additional sheets if required.)

Location	Date	Time (start & end)

**Portables:** (please specify start & end dates needed for portables at locations without permanent washrooms.)

Location	Start Date	End Date

**Remarks/Special Requests:** \_\_\_\_\_

I am aware that this is a request and is subject to approval and confirmation before its binding.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_