

**SAVILLE COMMUNITY SPORTS CENTRE – WEST (GO SPORTS)
 VOLLEYBALL COURT – RENTAL APPLICATION**

CLIENT DETAILS

GROUP / ORGANIZATION (if applicable)		
TEAM NAME (if applicable)		
TYPE OF BOOKING (ADULT or YOUTH)		
CONTACT PERSON		
TELEPHONE NUMBER		
EMAIL ADDRESS		
MAILING ADDRESS:		
CITY / TOWN:		POSTAL CODE:
PURPOSE Practice, Private Training, Scrimmage, Game, Other: please specify		

QUESTIONS DUE TO COVID:

*COVID CAPTAIN?	
<i>*This is the person who will be designated to ensure group compliance with the Facility Rules & Protocols and who will conduct the Pre-Screening and Contact Tracing.</i>	

MAXIMUM EXPECTED ATTENDANCE	
<i>Due to gymnasium capacity numbers, we must ensure that the limit is not exceeded. All people in attendance must be included in this number, ie. Coaches / Trainers / Athletes, etc.</i>	

PLEASE PROCEED TO PAGE 2 TO SUBMIT YOUR COURT BOOKING REQUEST DETAILS...

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COURT REQUEST DETAILS

SINGLE DAY BOOKING REQUEST:

DAY OF THE WEEK: (Monday – Sunday)	
DATE (M/D/Y):	
START TIME:	
END TIME:	
NUMBER OF COURTS REQUESTED:	
NET HEIGHT: (Coed / Women/Men or specify exact height)	

RECURRING OR MULTIPLE BOOKING REQUEST:

	Day	START DATE (M / D / Y)	END DATE (M / D / Y)	START TIME	END TIME	No. of Courts
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
NET HEIGHT: (Coed / Women/Men or specify exact height)						

Please email this completed form to evcsvolleyball@gmail.com or call 780-492-8600.