



Town Of Essex – Recreation Services
Application For Sport Facility - Occasional Use

Applicant/User Group Information			
Group Name:			
Contact Name:		Contact Position:	
Address:		City:	Postal Code:
Email:		Phone #:	

Facility Booking Information			
Name of Event:		Description of Event:	
Facility Requested:			
Date of Event	From:	To:	
Time of Event	From:	To:	
Number of Tables Requested:		Number of Chairs Requested:	
Do you require protective floor covering?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please select audio-visual equipment required:			
<input type="checkbox"/> Audio System	<input type="checkbox"/> Video Projector	<input type="checkbox"/> Document Camera	<input type="checkbox"/> DVD/VCR <input type="checkbox"/> Television <input type="checkbox"/> Microphone
Notes or Special Requests:			

Facility Booking Information			
Name of Event:		Description of Event:	
Facility Requested:			
Date of Event	From:	To:	
Time of Event	From:	To:	
Number of Tables Requested:		Number of Chairs Requested:	
Do you require protective floor covering?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please select audio-visual equipment required:			
<input type="checkbox"/> Audio System	<input type="checkbox"/> Video Projector	<input type="checkbox"/> Document Camera	<input type="checkbox"/> DVD/VCR <input type="checkbox"/> Television <input type="checkbox"/> Microphone
Notes or Special Requests:			

