



BSRC Pool User Request Form

Request Date:	<input type="checkbox"/> Summer (May 1-August 31)	Request due by Mar. 15
	<input type="checkbox"/> Winter (September 1-April 30)	Request due by Apr. 15

Organization: _____	Main Contact: _____
Main Contact Email: _____	Main Contact Phone: _____
Existing User Group: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Non-Profit-If Yes # _____ <input type="checkbox"/> For Profit	
User Group Category <input type="checkbox"/> Minor <input type="checkbox"/> Adult User Group Residency <input type="checkbox"/> Local <input type="checkbox"/> Non-Local	
Current/Most Recent # Registrants: _____	If local - Residency %: _____
<i>The City reserves the right to request the membership list from any and all user groups requesting facility access</i>	

Billing Address: _____	City: _____
Postal Code: _____	_____
Additional contacts: _____	Email: _____
<i>Name & Number</i>	_____

User groups are to list all their lane time requests in the grid below. Attach a separate list if more than 3 times per day

Day of week	Date Range Required	Start time/End time	# lanes	# of Swimmers
Monday		/		
Tuesday		/		
Wednesday		/		
Thursday		/		
Friday		/		
Saturday		/		
Sunday		/		

User groups and CVO's will be required to provide registration numbers and residency percentage of their members.

Request for special events are to be submitted with annual allocation request.

All groups are responsible for SOCAN and RESOUND fees for their activities.

All groups are required to provide liability insurance naming City of Beaumont as additional insured at the time of allocation request is made.

Rental fees will be approved annually by council according to the fees and CHARGES Bylaw.

Personal information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and will be used for the administration and management of the City of Beaumont's Recreation Facility bookings. If you have any questions about the collection or use of your personal information, contact the City of Beaumont's FOIP Coordinator at 5600-49th Street, Beaumont, Alberta, T4X 1A1 or 780.929.8782.

User group Signature

Facility Booking Clerk

Date submitted

Date received



BSRC Pool Special Event Request Form

Request Date:	<input type="checkbox"/> Summer (May 1-August 31)	Request due by Mar. 15
	<input type="checkbox"/> Winter (September 1-April 30)	Request due by Apr. 15

***** Please fill out a separate form for each special event**

Organization:	_____	Main Contact:	_____
Main Contact Email:	_____	Main Contact Phone:	_____
Existing User Group:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Non-Profit-If Yes # _____
User Group Category	<input type="checkbox"/> Minor	<input type="checkbox"/> Adult	<input type="checkbox"/> For Profit
		User Group Residency	<input type="checkbox"/> Local <input type="checkbox"/> Non-Local

Billing Address: _____ City: _____
 Postal Code: _____
 Additional contacts: _____ Email: _____
Name & Number

Dates Requesting: _____
 Preferred number of lanes: _____
 Times Requested: _____
 Number of age categories: _____
 Number of teams/ Participants: _____
 # of Tables: _____ # of Chairs: _____

***tables & chairs are subject to availability**
Note, Requesting group is responsible for obtaining the necessary AGLC licensing

Other Requirements (Silent Auction, 50/50 etc.): _____

User group Signature

Date submitted

Facility Booking Clerk

Date received