

TOWN OF AMHERST
FACILITIES REQUEST APPLICATION

All users shall comply with Town Policy & Guidelines

NAME OF GROUP APPLYING: _____
CONTACT PERSON: _____
ADDRESS & POSTAL CODE: _____

PHONE: H: _____ W: _____
EMAIL: _____

FACILITY(S) TO BE USED: _____
DATES REQUIRED: _____
TIMES REQUIRED: _____
PURPOSE OF APPLICATION: _____
(include a separate sheet _____
If required) _____
SIGNATURE OF APPLICANT: _____ DATED: _____

PLEASE NOTE, INFORMATION SUPPLIED WITH THIS FORM WILL BE DEEMED PUBLIC INFORMATION

REGULATIONS:

1. Request from organizations and groups shall be submitted to the Town of Amherst, Department of Recreation, P.O Box 516, Amherst, Nova Scotia, B4H 4A1 or email bookings@amherst.ca Request does not guarantee acceptance. Applicant will be contacted within three (3) business days of the received request.
2. Supervision of the activity involved must be fully assumed by the organization/group authorized to use the facility(s).
3. Groups and organizations using the facility(s) are responsible for damage sustained, reporting of damage, and cleanup of the facility(s).
4. Each body granted permission to use the facility(s) must insure:
 - a. All members restrict their movement to the area of the building and/or property specified on the application.
 - b. All members leave immediately when the designated time has elapsed.
 - c. That a responsible supervisor is in attendance.
 - d. That the Town of Amherst is advised of any change(s) to the intention of the applicant.
 - e. That the Town of Amherst is provided advanced notice of cancellation.
 - f. That all parking and traffic authority regulations are adhered to. Vehicles are not permitted within any out-door facility or property other than designated parking area(s).
 - g. Town parks/green spaces are designated tobacco free. Smoking/Vaping is not permitted.
 - h. Where youth are present the promotion, selling or consumption of alcoholic beverages is prohibited unless the user receives written permission. Should alcohol be requested please provide the specifics of the request under a separate cover. Permission cannot be provided prior to a meeting to review.

OFFICE USE ONLY:

DATE RECEIVED: _____
FEE (IF APPLICABLE): \$ _____
DATE APPROVED: _____



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AUTHORIZED BY:
