



FACILITY BOOKING REQUEST FORM

Please complete each field, even if your response is non-applicable.

APPLICANT DETAILS

NAME OF ORGANIZATION: _____

CONTACT PERSON & TITLE: _____

ADDRESS: _____

PHONE: (Day) _____ (Evening) _____

FAX: _____ E-MAIL: _____

IS YOUR ORGANIZATION NOT-FOR-PROFIT? (Y or N): _____

TYPE: ___ Charity ___ School ___ Business ___ Other

ORGANIZATION WEBSITE: _____

EVENT LOGISTICS

TITLE OF EVENT: _____

PROPOSED EVENT DATE: _____ START TIME: _____ END TIME: _____

IS YOUR EVENT CURRENTLY ON HOLD AT SHAW PARK? _____

IS YOUR EVENT FOR FUNDRAISING PURPOSES? _____

WILL YOU SELL TICKETS TO YOUR EVENT? _____ AT WHAT PRICE? _____

ANTICIPATED AUDIENCE SIZE: _____ AUDIENCE AGE RANGE: _____

EVENT DESCRIPTION / ADDITIONAL INFORMATION: _____

* Attach brochure or other event information if possible. Due to the volume of requests we receive, please allow a minimum of 2 weeks to respond.

Please return completed forms to:
WINNIPEG GOLDEYES BASEBALL CLUB
ONE PORTAGE AVENUE EAST, WINNIPEG, MB R3B 3N3
FAX: (204) 982-2274
EMAIL: goldeyes@goldeyes.com