



Seasonal Rental Request Recreation and Community Services

Please note that requested time is not guaranteed until all requests are reviewed and approved. All applications for Seasonal Requests must be submitted to Administrative Assistant by email at [email](#) as per the submission date noted below.

Section 1: General Information

In addition to a completed Rental Request form, following approval all groups will be required to submit the following:

- Facility Rental Agreement (Signed by a member of your executive).
- General Liability Insurance (Minimum \$2M Coverage) with the Town of Paradise listed as an additional insured.

Section 2: Client Information

Please Note: your organization consists of multiple different groups, you must provide a detailed contact list of names, phone numbers and emails for all groups.

Applicant Name: _____ Today's Date: _____

Contact Email: _____ Phone #: _____

Mailing Address: _____ Postal Code: _____

Organization: _____

Organization Type: Non-Profit Community Group Corporate School Recreational Private

Charitable Status # for Non-Profit (If applicable): _____

Proof of Insurance (If applicable, please attach to request): Yes No

Section 3: Rental Details

Facility Requesting:

Paradise Double Ice Complex

- Rink A
- Rink B
- Arena Multi-Purpose Room

Rotary Paradise Youth and Community Centre

- Hedley Blundon Gymnasium
- Resource Room A
- Resource Room B
- Wellness Boardroom
- Main Floor Kitchen
- Kitchen 2nd Floor

Peter Barry Duff Building

- Soccer Field
- Baseball Field
- Baseball Field (little league)
- Building

Seasonal Rental Request
Department of Recreation & Community Services

Diane Whelan Soccer Complex

- Soccer Hut
- Field 1
- Field 2
- Field 3 – Multi Sport Turf Field

Milton Road

- Club House
- Ballfield

Paradise Park

- Outdoor Stage & Green Space Do you require electricity?
- Green Space (*Temporary Baseball Fields*)

St. Thomas Community Centre

- Meeting Room
- Kitchen

Other (Please Specify): _____

Request Details

Request Type: Renewal New Request

Start Date: _____ End Date: _____

Frequency: Daily Weekly Bi-Weekly Monthly

Activity Type: Practice Game Tournament Meeting AGM's Banquet Special Event

Other (please specify) _____

Day(s) of the Week & Time(s): *Please Note: If you are a larger rental group or an association, please attach a separate detailed schedule along with this request outlining your specific times if the below is not enough space.*

Preferred Option: *Please select all that apply and include all time slots (If more than one)*

Monday _____ Group/Event Name: _____

Tuesday _____ Group/Event Name: _____

Wednesday _____ Group/Event Name: _____

Thursday _____ Group/Event Name: _____

Friday _____ Group/Event Name: _____

Saturday _____ Group/Event Name: _____

Sunday _____ Group/Event Name: _____

Alternate Option:

- Monday _____ Group/Event Name: _____
- Tuesday _____ Group/Event Name: _____
- Wednesday _____ Group/Event Name: _____
- Thursday _____ Group/Event Name: _____
- Friday _____ Group/Event Name: _____
- Saturday _____ Group/Event Name: _____
- Sunday _____ Group/Event Name: _____

Section 4: Notes (Internal Use Only)

Approval: Yes No

Administrative Assistant Signature: _____

Supervisor/Manager Signature: _____

Date of Approval: _____