

Organization Contact Form

Please provide the following contact information at the start of each new season, after your AGM or at any time during the year if these contacts change.

Organization: _____

(as written on the liability insurance policy)

Season Start Date: _____ **Season End Date:** _____

Registration Date(s): _____ **AGM Date:** _____

Evaluation/Tryouts Date(s): _____

President Name: _____

Phone (H): _____ **Phone (W):** _____ **Phone (C):** _____

Mailing Address: _____

Email: _____ **Booking Agent?** (Circle one) Yes No

Billing Agent Name: _____

(Treasurer)

person who will receive and ensure prompt payment of all invoices for Bookings/rentals made by your organization's Booking Agent(s).

Phone (H): _____ **Phone (W):** _____ **Phone (C):** _____

Mailing Address: _____

Email: _____ **Booking Agent?** (Circle one) Yes No

Other Booking Agents: Individuals who are authorized by the President to make bookings on behalf of the Organization above. The organization accepts responsibility for payment for all bookings made by all Booking Agents.

Booking Agent Name: _____

Phone (H): _____ **Phone (W):** _____

Email: _____

Booking Agent Name: _____

Phone (H): _____ **Phone (W):** _____

Email: _____

Booking Agent Name: _____

Phone (H): _____ **Phone (W):** _____

Email: _____

Individual Agents

From time to time coaches, team managers or others involved with teams in your organization will ask to book our facilities. In order to accept these bookings we need confirmation from you as President that these individuals are authorized agents of your Organization, their bookings are sanctioned by your Organization, and therefore covered by your Organization's liability insurance policy. These names can be added by you by sending an email to rentals@cowichansportsplex.com

Name	Phone	Email
Name	Phone	Email
Name	Phone	Email
Name	Phone	Email
Name	Phone	Email
Name	Phone	Email
Name	Phone	Email
Name	Phone	Email
Name	Phone	Email
Name	Phone	Email
Name	Phone	Email
Name	Phone	Email
Name	Phone	Email
Name	Phone	Email
Name	Phone	Email

I hereby certify that the information contained here is true and accurate. I am the duly authorized representative and may sign this data in submission on behalf of

(Name of Organization)

Organization Authorized Signature/ President

Date