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CS - Rain-Out Form	Outdoor S	port Facilities
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**Community Services** 

## Rain-Out Form Outdoor Sport Facilities

Rain-Out Details					SECTION 1		
Name of	Facility	Date of	Time(s)	Signature of League/Org.	Office Use Only		
League/Organization	i acility	Rain-Out	Affected	Representative	Date Stamp & Initial		
Privacy Notice					SECTION 2		
Collection of personal inform					- · · · · · · · · · · · · · · · · · · ·		
is required to process this form. Questions about the collection and use of the information may be directed to the Recreation Division							
Manager at 709-576-8499 / 576-8631 or recreation@stjohns.ca.							
Office Use Only					SECTION 3		
Form Received By:	Date Form Received:						
Please send completed		Recreation Division For further information:					
form to:		P.O. Box 908 Phone: (709) 576-8499 / 576-8631					
	St.	St. John's, NL A1C 5M2 Email: recreation@stjohns.ca					