



TOWN OF ATIKOKAN

FACILITY USER FORM



FACILITY BEING USED		CHECK
Pool		
Arena		
Little Falls Community Centre		
Other		
NAME OF INDIVIDUAL/ GROUP		
CONTACT PHONE #		
CONTACT EMAIL		
EVENT/ ACTIVITY BEING HELD		
DATES OF USE		
ADDITIONAL INFORMATION AS NEEDED (Example Copy of Liquor License)		
		CHECK
CERTIFICATE OF INSURANCE PROVIDED		
PURCHASED INSURANCE UNDER MUNICIPALITY FACILITY USER PROGRAM		
CONTACT SIGNATURE		
 		Date:
COMMUNITY SERVICES MANAGER SIGNATURE		
 		Date: