SPORT FACILITY INFORMATION FORM

Complete one form for each Core Sport, for the respective BC Summer and/or BC Winter Games for which your community is bidding.

Please provide a letter of support for use of the facility from the private owner or neighbouring municipality or school district.

EVENT / SPORT:	
Facility Name:	
Facility Address:	
City:	
FACILITY DESCRIPTION	
Competition Area details: (size, # of lanes, (type), backboards, etc.)	courts, etc., floor type, ceiling height, score clocks

Equipment available within your community for the sport, if applicable (i.e. curling rocks, nets, mats, etc.). Describe the equipment and indicate who owns it.

Number of change rooms:	Male:	Male: Female:				
Number of shower heads:	Male: Female:					
Number of Washrooms:	Male:		Female:			
Wheelchair accessible build	ing?	☐ Yes	☐ No	Washrooms?	☐ No	
Identification of room for Off	icials:					
Permanent seating available	e:	☐ Yes	☐ No			
Spectator capabilities: Sittir	ng:		Sta	ınding:		
Number of parking spaces a	vailable	:				
If the facility is not located in	the Ho	st Commur	ity, how fa	r (in km) is it from your co	mmunity?	
SPORT INFORMATION						
Is there an existing program	/club for	this sport	n your con	nmunity? Yes	No	
If so, please provide the follo	owing:					
Club/Program Name:						
Contact Name:		Ph	one Numb	er:		