



RECREATION, TOURISM AND CULTURE - FACILITY SCHEDULING

RAIN OUT FORM

MONTH: _____

CONTRACT #	FIELD NAME	DATE/TIME
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Please indicate the date and time (start and finish) of all games not played due to rain outs. Forms are to be submitted to the Facility Scheduling Office by the 5th of the month following the month in which the rain outs are being reported. Forms may be dropped off, mailed or faxed to:

Halifax and Areas:	FacilityScheduling Office 1606 Bell Road Halifax, NS B3H 2C9 Fax: 490-4588
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Dartmouth, Cole Harbour, Bedford, Sackville and Areas:	Facility Scheduling Office 81 IIsley Avenue Suite 12 Dartmouth, NS B3B 1L5 Fax: 490-4421
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NAME OF LEAGUE: _____
(Print)

NAME OF LEAGUE CONTACT: _____
(Signature)

AUTHORIZED BY: _____
Facility Scheduling Office