



## **Community Access Application Form- Fall/Winter 2026**

(One application form must be submitted per program request)

Submit via email to our UWinnipeg Operations Coordinator at [recreationrentals@uwinnipeg.ca](mailto:recreationrentals@uwinnipeg.ca)  
and the Community Sport Coordinator at [sport@spenceneighbourhood.org](mailto:sport@spenceneighbourhood.org)

**Organization name:** \_\_\_\_\_

*\*\*Please include your organizational mission statement and/or vision if applicable\*\**

**Can you provide a copy of your insurance certificate that includes the following:**

A minimum of \$2,000,000.00 CGL, inclusive of:

Bodily Injury; Property Damage; Cross-liability; Contractual liability; Unlicensed Equipment liability;

**And for the University of Winnipeg to be added as an Additional Insured on the requested certificate.**

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Main contact individual:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address (organization or contact):** \_\_\_\_\_

**Supervisor/Alternative :** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Training/Certification:** \_\_\_\_\_

***\*\*This could be the point person facilitating program at the Axworthy Health and RecPlex\*\****

**Note: Main contact or supervisor/alternate must be in attendance at all times.**

**Program Name (as to be listed on the schedule):** \_\_\_\_\_

**Detailed description of program/event:**

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Space requested:

Field A ☐ Field B ☐ Field C ☐ Community Gym ☐ Multi-Purpose Room ☐

Space set-up:

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*\*\*Please specify how you would like the space set up (i.e. 3 tables & 10 chairs) \*\**

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Day(s) requested: \_\_\_\_\_

Alternative day(s): \_\_\_\_\_

Number of participants: \_\_\_\_\_ Age range of participants: \_\_\_\_\_

Number of participants under 18: \_\_\_\_\_ Number of participants over 18: \_\_\_\_\_

Supervisory Ratio: \_\_\_\_\_

Does your organization/program require any fees or charges to participants? Yes / No

If yes, please state the purpose of the fee and how much?

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Will your program be open to the community/community organizations? Yes / No

If yes, how will you involve others? If no, please explain:

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At the University of Winnipeg Axworthy Health and RecPlex we desire safe sport and responsible coaching. To encourage safe sport and responsible coaching we advise all organizations/programs to take part in the responsible coaching movement. Please visit <https://coach.ca/responsible-coaching-movement> for more information.

This is to certify that (I and my organization), while occupying the University of Winnipeg facilities, will provide and be responsible for adequate adult supervision and the security of university property as well as, will abide by all rules and regulations as established by the University of Winnipeg and Recreation Services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_