



LCOL CLIFTON CENTRE SPECIAL EVENT APPLICATION

Please complete and return the following application form to the Community Services Division by **4:30pm on February 14, 2026**. Please complete the entire form.

Date: _____

Organization: _____

Contact person: _____

Address: _____

Postal Code: _____ Primary Phone: _____

Email: _____

Event Date(s): _____

Alternate Date(s): _____

Event Name: _____

Month: _____

DAY(S)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Set-Up time							
Start Time							
End Time							

* Additional charges for set-up.

Facility Options

(Separate rental forms & facility damage deposit may be required)

Lower Lounge (with kitchenette)

Gymnasium

Rifle Range

Rectangle Tables

How many required?

Chairs

How many required?

Sign Out Contact: _____

Primary Phone: _____ Email: _____

(Note: Sign Out Contact is responsible for damage of equipment throughout the event.)

Comments:

This form must be returned to the City of Swift Current Community Services Division by **4:30pm** on **February 14, 2026** to be considered for the 2026/2027 season. If you have any questions or concerns, please contact Community Services at 306-778-2787.

Forms can be mailed to: City of Swift Current
 Community Services Division
 PO Box 340
 Swift Current, SK
 S9H 3W1

Or emailed to: communityservices@swiftcurrent.ca