

Appendix C
Municipality of Brockton Sports Activity Agreement:

Name of Team/Group: _____

Name of Contact Person: _____

Address: _____

Phone Numbers: Home _____

Business _____

Certification:

1. I understand that alcohol cannot be served or consumed on Municipality of Brockton properties or in facilities unless it is done within the terms of the Liquor License Act of Ontario and the Municipality of Brockton's Municipal Alcohol Policy.
2. I understand that if any member of the team or organization operating under my direction violates this policy or any of the regulations of the Liquor License Board of Ontario, that our team will receive a verbal warning and the violation will be documented.
- 3. I understand that if any member of my team or organization violates this policy or any of the regulations of the Liquor License Board of Ontario within one year of a previous violation that our group will be penalized as defined by the municipality.**
4. It is my responsibility to ensure that all team captains and other supervisory personnel of the organization are aware of and understand the Municipality of Brockton's Alcohol Policy.

Additional print copies of the Municipal Alcohol Policy will be provided upon request.

Print Name: _____

Signature: _____

Date: _____

Office Use

Agreement received by (print name): _____

Signature: _____

Date: _____