

FESTIVAL AND EVENT APPLICATION FORM

(One of the contacts listed below must have signing authority with the applicant (organization))

Primary Contact	Secondary Contact
First and Last Name:	First and Last Name:
Title:	Title:
I am Applying on Behalf of 1. <input type="checkbox"/> The Organization (Legal Name): Non-Profit <input type="checkbox"/> Profit <input type="checkbox"/> 2. <input type="checkbox"/> Myself:	Organization:
Address:	Address:
Phone and Alternate Phone:	Phone and Alternate Phone:
Email:	Email:

EVENT DESCRIPTION

Event Name:
Event Description:

Event Details			
Description	Date	Time	City Location
Set-Up			
Event			
Event (Day Two)			
Event (Day Three)			
Take-Down			
Estimated Attendance:			
On-Site Supervisor:			
Phone:			

I hereby certify that the information provided above is accurate and complete.

Signature of Primary or Secondary Contact

Please forward to: Rachel Veilleux, rachel.veilleux@sarnia.ca, or
 255 Christina Street North, PO Box 3018, Sarnia, ON N7T 7N2