

FESTIVAL AND EVENT APPLICATION FORM

| APPLICANT INFORMATION | Secondary Contact |
|--|----------------------------|
| First and Last Name: | First and Last Name: |
| Title: | Title: |
| Organization: Non-Profit <input type="checkbox"/> Profit <input type="checkbox"/> Charity supported (if applicable): | Organization: |
| Address: | Address: |
| Phone and Alternate Phone: | Phone and Alternate Phone: |
| Email: | Email: |

EVENT DESCRIPTION

| |
|--------------------|
| Event Name: |
| Event Description: |

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

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