

CITY OF SARNIA FESTIVAL & EVENT APPLICATION FORM

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

Please send completed application to: rachel.veilleux@sarnia.ca or 260 East Street N.

PRIMARY CONTACT				
First Name		Last Name		Title (Event Coordinator, Chair, E.D., etc.)
Current Address			City	Province
				Postal Code
Phone		Email		
Who are you applying on behalf of? (Please check one)			An Organization <input type="checkbox"/>	Myself as an Individual <input type="checkbox"/>
If applying on behalf of an organization, please indicate the name. Is it non-profit/charitable?			Full Legal Name	Yes <input type="checkbox"/>

SECONDARY CONTACT				
First Name		Last Name		Title (Event Coordinator, Chair, E.D., etc.)
Current Address			City	Province
				Postal Code
Phone		Email		

EVENT DETAILS						
Event Name				Event Venue(s)		
Estimated Attendance				On-Site Supervisor Name and Phone		
Event Type	Concert <input type="checkbox"/>	Festival <input type="checkbox"/>	Sport <input type="checkbox"/>	Walk/Run <input type="checkbox"/>	Tradeshow <input type="checkbox"/>	Other <input type="checkbox"/>

	Date(s)	Start Time	End Time
Set-Up			
Event			
Event (Day 2)			
Event (Day 3)			
Tear Down			

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

Signature of Primary or Secondary Contact

