

FACILITY FEE WAIVER REQUEST FORM

NAME:
CELL NUMBER:
EMAIL:
ORGANIZATION NAME:
IS YOUR ORGANIZATION AN INCORPORATED NON-PROFIT OR REGISTERED CHARITY?
DOES YOUR ORGANIZATION CATER MOSTLY TO YOUTH? Y
EVENT TITLE:
EVENT DATE:
FACILITY:
IS YOUR EVENT A FUNDRAISER: Y N
IF YES, WHAT DO PROCEEDS SUPPORT:
DESCRIBE THE DETAILS OF YOUR EVENT:

IS YOUR EVENT OPEN TO THE PUBLIC:	Y	N			
WILL AN ENTRY FEE BE CHARGED:	Y	N			
WILL ALCOHOL BE SERVED:	Y	N			
HAS YOUR ORGANIZATION HAD A FEE WAIVED IN THE CURRENT					
CALENDARYEAR:	Y	N			
Please send your completed form to Math at mbahm@temiskamingshores.ca		·			
Requests will be considered on a rollin business days of receipt.	g bas	sis and	returned	within 10	
Requests must be signed by a member executive.	of th	e subm	itting orga	anization's	
SIGNATURE:					
DATE:					