APPLICATION FORM FOR THE USE OF PARLIAMENT HILL

CANIZATION AND/OP O	DCVN112ED.C	CONTACT INFORMATION				
Mr. Ms. Mrs.		ANIZER'S CONTACT INFORMATION Organizer (First and Last Name)			e of Birth (YYYY/MM/DD)	
)ther:						
itle						
lame of Organization						
diffic of organization						
Address of Organization	if not the	at of the organizer (address, ci	ty province postal	rada)		
duress of Organization	1, 11 1101, 1116	it of the organizer (address, cr	ty, province, postar t	.oue)		
Organizer's Telephone	Number (ce	Ilular number to reach the org	anizer prior to and d	luring the e	vent)	
ГеІернопе						
Email			Centulal			
ınan						
INT INFORMATION						
Date of Event		T- 0000/11/20		Estimated	Number of Attendees	
Pate of Event From (YYYY-MM-DD)		To (YYYY-MM-DD)		Estimated	Number of Attendees	
From (YYYY-MM-DD)		To (YYYY-MM-DD)		Estimated	Number of Attendees	
ime of Event				Estimated		
rom (YYYY-MM-DD)		To (YYYY-MM-DD) Start	End	Estimated	Number of Attendees Tear Down	
rom (YYYY-MM-DD) Time of Event Setup			End	Estimated		
From (YYYY-MM-DD) Time of Event Setup			End	Estimated		
ime of Event			End	Estimated		
From (YYYY-MM-DD) Time of Event Setup			End	Estimated		
Time of Event Setup			End	Estimated		
Trom (YYYY-MM-DD) Time of Event Setup			End	Estimated		
rom (YYYY-MM-DD) Time of Event Setup			End	Estimated		
rom (YYYY-MM-DD) Time of Event Setup			End	Estimated		
Trom (YYYY-MM-DD) Time of Event Setup			End	Estimated		
Trom (YYYY-MM-DD) Time of Event Setup			End	Estimated		
From (YYYY-MM-DD) Time of Event Setup			End	Estimated		
From (YYYY-MM-DD) Time of Event Setup			End	Estimated		
Time of Event Setup			End	Estimated		
Time of Event Setup			End	Estimated		

Detailed Outline of the Planned Activities, including the names of all speakers or performers							
Use of Equipment	Oui – Yes	Non — No					
If yes, list them, as well as what they will be used for and where you would like them to be located							
tnem to be located							
Use of electricity	Ves	No					
Use of electricity If yes, list for what purpose, how many amps, and where will you need it	Yes	No □					
Use of electricity If yes, list for what purpose, how many amps, and where will you need it	Yes	No					
Use of electricity If yes, list for what purpose, how many amps, and where will you need it	Yes	No □					
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Use of electricity If yes, list for what purpose, how many amps, and where will you need it	Yes	No 🔲					
Use of electricity If yes, list for what purpose, how many amps, and where will you need it	Yes	No 🗆					
Use of electricity If yes, list for what purpose, how many amps, and where will you need it	Yes □	No 🗆					
Use of electricity If yes, list for what purpose, how many amps, and where will you need it	Yes	No 🖂					
Use of electricity If yes, list for what purpose, how many amps, and where will you need it	Yes	No 🗆					
Use of electricity If yes, list for what purpose, how many amps, and where will you need it	Yes □	No 🗆					

VEHICLE INFORMATION

Vehicle to deliver equipment?		Yes 🗌	No 🗌	
If yes, the following must be submitted	as soon as possible prior to the eve	nt		
Vehicle's year, make, model, and color		Licence Plate # and Province		
DDITIONAL INFORMATION				
y filling out this form, the organizer has rarliament Hill.	read, understand and agree to abide	by the General Rules on the	Use of	
 Organizer	Signature		Date	
Organizer	Signature		Date	
	Completed application must be so	ubmitted	_	
	at least 10 business days prior to t			
	Carole Lanthier Secretariat for the Use of			
	Parliament Hill			
	25 Eddy, 11th Floor (25-11-A Gatineau, Quebec, K1A 0M5			
Tele	phone 819-953-5019 / Facsimilio	e 819-997-8550		
<u>Utilisatio</u>	ndelaCollineduParlement-UseofParliar	nentHill@pch.gc.ca		
	For Administration Only			
Received date (YYYY-MM-DD)	Received by	File #		
Comments for the Committee	Respons	se by		
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