

APPLICATION FORM FOR THE USE OF PARLIAMENT HILL

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ORGANIZATION AND/OR ORGANIZER'S CONTACT INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. Other: _____	Organizer (<i>First and Last Name</i>)	Date of Birth (<i>YYYY/MM/DD</i>)
Title		
Name of Organization		
Address of Organization, if not, that of the organizer (<i>address, city, province, postal code</i>)		
Organizer's Telephone Number (<i>cellular number to reach the organizer prior to and during the event</i>)		
Telephone		Cellular
Email		

EVENT INFORMATION

Date of Event		Estimated Number of Attendees	
<i>From (YYYY-MM-DD)</i>	<i>To (YYYY-MM-DD)</i>		
Time of Event			
<i>Setup</i>	<i>Start</i>	<i>End</i>	<i>Tear Down</i>
Purpose of Event			

Detailed Outline of the Planned Activities, including the names of all speakers or performers

Use of Equipment

If yes, list them, as well as what they will be used for and where you would like them to be located

Oui – Yes

Non – No

Use of electricity

If yes, list for what purpose, how many amps, and where will you need it

Yes

No

