

FACILITY FEE WAIVER REQUEST FORM

NAME: _____

CELL NUMBER: _____

EMAIL: _____

ORGANIZATION NAME: _____

IS YOUR ORGANIZATION AN INCORPORATED NON-PROFIT? Y N

DOES YOUR ORGANIZATION CATER MOSTLY TO YOUTH? Y N

EVENT TITLE: _____

EVENT DATE: _____

FACILITY: _____

IS YOUR EVENT A FUNDRAISER: Y N

IF YES, WHAT DO PROCEEDS SUPPORT: _____

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 CALENDAR
YEAR:** Y N

Please send your completed form to Mathew Bahm, Director of Recreation at
mbahm@temiskamingshores.ca

Requests will be brought forward to the subsequent Recreation Services
Committee.