

## FACILITY FEE WAIVER REQUEST FORM

NAME: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_

IS YOUR ORGANIZATION AN INCORPORATED NON-PROFIT OR  
REGISTERED CHARITY? 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 CALENDAR YEAR:**      Y      N

Please send your completed form to Mathew Bahm, Director of Recreation at [mbahm@temiskamingshores.ca](mailto:mbahm@temiskamingshores.ca)

Requests will be considered on a rolling basis and returned within 10 business days of receipt.

Requests must be signed by a member of the submitting organization's executive.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

FOR INTERNAL USE ONLY	
Fee Waiver Request:	Approved <input type="checkbox"/> Declined <input type="checkbox"/>
Reason for decline: (As per by-law 2023-013)	<input type="checkbox"/> - Applicant has received another waiver in the same calendar year <input type="checkbox"/> - Applicant is not a qualifying organization <input type="checkbox"/> - Applicant not based in Temiskaming Shores <input type="checkbox"/> - Applicant does not primarily serve residents of Temiskaming Shores <input type="checkbox"/> - Not a fundraiser that benefits residents of Temiskaming Shores <input type="checkbox"/> - Event does not meet a priority of the City of Temiskaming Shores
Reviewed By:	Signature:
Date:	
Other Comments:	