



Application

Host Information

Name of Event Host _____

Mailing Address _____

Municipal Address _____ Phone _____

Email Address _____

Alternate Contact _____ Phone _____

Event Information

Event Date _____ Times _____ to _____

Event Location _____ Public Land? yes _____ no _____

Property Owner's Name _____ Phone _____

Name of Event _____

Event Type (*ie block party, carnival, skating party etc.*) _____

What neighbourhood area you are inviting to your event? _____

How do you plan to contact your neighbourhood so that everyone is invited?

How many people do you expect to attend? (*Use your best estimate*). _____

Describe your event in detail. _____

For events on public lands: List any rental items (*large tents, portable toilets, bounce house etc.*)

Indicate plans for bad weather (*alternate location or dates*). _____

Are you planning on using or closing any roads? yes _____ no _____

Do you plan on having a fire or fireworks? yes _____ no _____

Please provide any additional details: _____

Resources

Loaned based on availability: Choose up to (5) of the following *(based on availability)*:

- | | | |
|---|--|--|
| <input type="checkbox"/> Fun Bag
<input type="checkbox"/> Craft Kit
<input type="checkbox"/> Greening Kit
<input type="checkbox"/> Barricades
<input type="checkbox"/> 10' x 10' Canopy | <input type="checkbox"/> Giant Snakes and Ladders
<input type="checkbox"/> Giant Dominoes
<input type="checkbox"/> Ring Toss
<input type="checkbox"/> Ladder Golf (Blongo)
<input type="checkbox"/> Eggs & Spoons
<input type="checkbox"/> Bocce Ball
<input type="checkbox"/> Disc Slam | <input type="checkbox"/> Hula Hoops
<input type="checkbox"/> Team Ski Racers
<input type="checkbox"/> Slam Dunk
<input type="checkbox"/> Thumb Ball
<input type="checkbox"/> Tub of Sidewalk Chalk
<input type="checkbox"/> Pick Up Sticks
<input type="checkbox"/> Mini soccer goal and balls |
|---|--|--|

Budget

EXPENSES	TOTAL
Advertising/Invitations	
Supplies/Decor	
Food/Beverages	
Activities/Door Prizes	
Rentals	
Insurance	
Other Expenses _____	
Total Expenses	
REVENUE	
Donations	
Other Revenue _____	
Total Revenue	
Love Where You Live Requested Amount (up to \$200)	

Office Use

Application received by _____ Date _____

Reviewer _____ Date _____

Approval Signature _____

Notes _____

Enforcement ____ Fire ____ Public Works ____ Planning ____