



This is an application/request only and does not guarantee a permit will be issued. To avoid any misunderstanding, be sure to read all information and Conditions of Use.

Organization Name: _____

Main Contact: _____ E-mail: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Phone (Home) _____ (Work) _____ (Cell) _____ (Fax) _____

Alternate Contact: _____ E-mail: _____

Phone (Home) _____ (Work) _____ (Cell) _____ (Fax) _____

Date(s) Requested: _____ (a minimum of 14 days notice is required)

Set Up Time: _____ Event Start Time: _____

Event End Time: _____ Clean Up Time: _____

Location Requested: _____

NOTE: Need complete support from all residents/businesses involved (use back if more lines are needed)

Name	Address	Signature

The personal information requested on this form is collected for booking confirmation use only, and will be disclosed within the provisions of the Freedom of Information and Privacy Act. If you have any questions regarding the collection, use or disclosure of the information provided to the City on this form, please contact 403-320-3011.

Applicant's Signature: _____ Date: _____

Return to: Recreation & Culture, 3rd Floor, City Hall
910 - 4th Avenue South, Lethbridge, AB T1J 0P6
Fax: (403) 320-4163 Phone: (403) 320-3011

Please visit our Website at www.lethbridge.ca/leisure for additional information

For Office Use: Permit No. _____
Traffic Operations Approval: _____