



Organizational Information & Authorization for 2017/2018 Season

Organization Name : _____

Mailing Address: _____

Phone: _____ *Email: _____

Is the organization incorporated? Yes _____ No _____

Is it registered as a Non-Profit , Not-for-Profit
Or Charitable Organization? Yes _____ No _____

Officers

Position

Main Contact

Position

Individuals with signing and booking authority:

Name

Position

***Request for Consent**

Canada's anti-spam legislation requires us to secure your consent to continue communicating with you electronically.

To allow us to continue providing information that is relevant to you and your business, please confirm your consent by initialling here. _____

Authorized Signature _____ **Date** _____

The personal information on this form is collected pursuant to the Municipal Act in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O 1990 for the purpose of the administration of ice rental requests. Questions regarding this collection should be directed to the Program Manager, Information, Privacy and Elections: 519-822-1260 ext. 2349