



## COMMUNITY BOOTH APPLICATION FORM

Legal Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Dates:

1st Choice: \_\_\_\_\_

2nd Choice: \_\_\_\_\_

3rd Choice: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

Vehicle to be displayed: YES NO

Charitable License Number: \_\_\_\_\_

**Please note:**

*\*Due to the high volume of requests,  
each group is allowed one booking per calendar year.*

**Please forward your application to  
Roxanne Liivamagi  
via (fax) 257-2311 or stvcssupervisor@20vic.com**

*Thank you for choosing St. Vital Centre!*

**www.stvitalcentre.com**