



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
Carleen Dobson-McDowell
via (fax) 257-2311 or stvreception@20vic.com**

Thank you for choosing St. Vital Centre!