



## COMMUNITY BOOTH APPLICATION FORM

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

Dates:

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

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

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

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

\_\_\_\_\_

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](mailto:stvcssupervisor@20vic.com)**

*Thank you for choosing St. Vital Centre!*

[www.stvitalcentre.com](http://www.stvitalcentre.com)

