



PUBLIC EVENT APPLICATION

717 Main Av W, Box 420, Sundre, AB TOM 1X0 facilitybookings@sundre.com
Community Services Office: 403-638-2042 Fax: 403-638-2100

Applicant Information

Name of Applicant _____
Organization/Service Club/Municipality _____

Name of Event Coordinator: _____

Mailing Address: _____

Email: _____ Website: _____

Phone: _____ Cell Number: _____

Event Details

Name of Event: _____

Nature of Event: _____

Location of Event: _____

Event Date: _____ Hours: Start: _____ End: _____

Additional date: _____ Hours: Start: _____ End: _____

Event Target Market: ___ Town of Sundre ___ Mountain View County ___ Provincial ___ National

Maximum Attendance Expected: _____

Type of Advertising (newspaper, poster, social media): _____

Event Details: (Please provide a detailed description of your event below or attach information to application)

Signature of Applicant _____ Date: _____

This information is being collected for the purpose of the issuance of a Concert of Special Events Permit pursuant to the provisions of the Municipal Government Act and its regulations, and pursuant to Section 32 (c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and distribution of this information you may contact the Town of Sundre FOIP Coordinator at (403) 638-3551

For Office Use Only

Date Received: _____ Received by: _____ Method: _____
Email/Fax/In Person

Approved By: _____ Date: _____

Applicant Notified: _____ Date: _____ Method: _____
Email/Fax/In Person