

CANORA LEISURE SERVICES

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DIGITAL SIGN EVENT REQUEST FORM

Event information:

Organization/group/club n	ame:		
Event name:			
Event date:	Event time:		
Event location (please be	specific):		
Contact #:	Website/email:		
	imum 75 characters including spa	·	
		_	
Required information:			
Organization/group/club n	ame:		
Contact Person:			
Email address:		_	
Telephone:	(Home)	(Cell)	
 Organizations/groups/c Canora and be non-profit Please be advised th 	anora Leisure Services reserves clubs must be recognized by	Canora Leisure Services wit ess days after submission to	thin the town of the have information
On behalf of	on presented is true and correct purposes.	organization/group/club in the t and that I have the authorit	Town of Canora ty to present this
Signature of authorized in	dividual:	Date:	
Print name:			