



**Special Events / Tournaments / Play offs**

Facility		Use	Day of the Week	Dates		Times			
KRC	KWTN			Start	End	From	am pm	To	am pm
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							am pm		am pm

**Special Requests/Requirements:**

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Must be 18 years of age or older)*

<b>Office Use Only:</b>	
Date Received:	Date Booked:
Scheduling Conflicts:	

Personal information contained on this form is collected pursuant to the municipal act, 2001 and will be used for the purpose of this agreement only. Questions about this collection should be directed to: the Freedom of Information and Privacy Coordinator, City of Kenora, One Main Street South, Kenora, ON P9N 3X2 (807) 467-2295.