



PORT COLBORNE

WESTSIDE ARENA SIGN

REQUEST FORM

ORGANIZATION _____

REPRESENTATIVE NAME _____

ADDRESS _____

CONTACT TEL. NOS. _____

EMAIL _____

REQUESTED INFORMATION: Please note: Wording is limited to space availability. Please show exact wording to be placed on sign (14 characters across, 5 lines)

DATE REQUESTED TO BE POSTED: _____

FEE OF **\$20.00** TO BE PAID AT TIME OF REQUEST SUBMITTED

PLEASE BE ADVISED OF THE FOLLOWING:

1. All requests are to be submitted in writing, on this form, to the Community Services Division Office at least 3 (three) weeks prior to the scheduled event
2. A fee of \$20.00 will be charged, payable in advance to the City of Port Colborne
3. The information to be placed on the sign shall remain up for one (1) week prior to the scheduled date of the events
4. Hockey and/or Arena events take precedence over other event requests

Any questions, please contact Community Services Division at 905-834-1668, ext. 232.

Representative Signature

Date