



DEAKIN DRIVE TOLL ROAD FUND RAISING APPLICATION

RE: POLICY NUMBER 2001-1

DATE: _____

Note: Application must be submitted by the end of April of year proposed.

NAME OF ORGANIZATION: _____

ADDRESS: _____

POSTAL CODE: _____

PHONE: _____ EMAIL: _____

NAME OF PERSON MAKING APPLICATION: _____

ADDRESS: _____

POSTAL CODE: _____

PHONE: _____

ORGANIZATION INFORMATION

PURPOSE: _____

YEARS OF OPERATION: _____

NUMBER OF MEMBERS: _____

ARE MEMBERS ALL VOLUNTEERS? YES ____ NO

IF NO, EXPLAIN: _____

TOLL ROAD INFORMATION

DATE(S) OF TOLL ROAD ACTIVITY: _____

TIME OF TOLL ROAD: _____

OTHER (SAFETY MEASURES/PUBLIC RELATIONS MEASURES)

PROVIDE OTHER INFORMATION WITH RESPECT TO SAFETY, PUBLIC RELATIONS AND EXPERIENCE IN CONDUCTING THIS ACTIVITY.

I/WE AGREE TO THE CONDITIONS AND OTHER ELIGIBILITY REQUIREMENTS AS OUTLINED IN POLICY NO 2001-1 - TOLL ROAD FUND RAISING POLICY.

SIGNED _____

FOR TOWN OFFICE USE ONLY

TOWN OF WOODSTOCK APPROVAL YES _____ NO _____

DATE: _____

SIGNATURE: _____

CHIEF ADMINISTRATIVE OFFICER OR
DIRECTOR OF ADMINISTRATIVE SERVICES