



Special Event Request

Requesting Association _____

Mailing Address _____

City _____ Postal Code _____

Contact Person _____

Telephone _____ Email _____

Name of Event _____

Type of Function _____

Event Date/Date Range _____ Time _____

Location _____

Description _____

Applicant's Signature

Date Submitted

Applications should be submitted at least one week prior to the event. All applications should be sent to afergusson@hockeymanitoba.ca