



Event Registration Form

Please complete this form and return it to Alison Sheepway at asheepway@onfe-rope.ca or fax to 613-726-3443.

Event Name: _____

Organization planning event: _____

Contact Person: _____

Address: _____
Street Name/No. City Province Postal Code

Telephone Number: (____) _____ Email Address: _____

General Information

Please check which category best describes your organization

- Corporate Community School Service Club Other _____

Has this event taken place before? Yes No If so, when? _____

Please briefly describe your special event and provide details for publicity listing (ie. number of participants anticipated, cost to participants, date(s) to be held, etc...)

What kind of support would you request for this event (ie. information in ONFE newsletter, social media etc).

I agree to submit any promotional materials for approval and obtain permission for use of ONFE logos, and agree to handle all monetary transactions for the special event and will return such monies to ONFE with 30 days of the event.

Signature _____ Date _____