



*The Corporation of the
Municipality of Wawa*



**Application for Facility Fee Waiver or Reduction
Michipicoten Memorial Community Centre**

Name of Organization: _____

Contact Name: _____ **Phone:** _____

Event: _____ **Event Date:** _____

Facilities Requested: Banquet Room Lounge Kitchen
 Meeting Room Arena
 Other _____

Is this event a Fundraising Event? _____ Yes _____ No

Is the event open to all community residents? _____ Yes _____ No

Will there be an admission charge of any kind? _____ Yes _____ No

If YES please explain: _____

Please describe the nature of your event (how many volunteers are involved, how will residents participate, goals of event, etc.)

Please submit completed application to:

Mayor and Council
Municipality of Wawa
Box 500, 40 Broadway Avenue
Wawa, Ontario
POS 1K0

NOTE: This application must be submitted one month prior to the proposed even date and includes a completed financial statement on back of this application.

PROPOSED EVENT BUDGET

Current Bank Balance	\$ _____
Proposed Event Revenues	\$ _____
Admission	\$ _____
Resale Items	\$ _____
Sponsorship	\$ _____
Donations	\$ _____
Other _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Proposed Event Expenses	
Marketing	\$ _____
Human Resources (staff)	\$ _____
Materials/Supplies	\$ _____
Entertainment	\$ _____
Licence Fees	\$ _____
Other _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
NET PROFIT/LOSS	\$ _____

NOTE: In-kind services cannot be included. Cash expenses only please.