



Fondation Montfort Foundation

APPLICATION FORM

Complete this application and return to: Montfort Hospital Foundation, 713 Montréal Road, Ottawa Ontario K1K 0T2, Fax (613) 748-4928 or email fondation@montfort.on.ca.

Event Name: _____

Organization planning event: _____

Contact Person: _____

Address:

Phone Number : _____

Fax Number : _____

Email : _____ @ _____

GENERAL INFORMATION

Please check which category best describes your organization:

Community Corporate 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.

I.e cost to participants, date(s) to be held, etc.

Agreement

I, the undersigned agree to submit any promotional materials for authorization, obtain permission for use of Foundation or CMN logos, and agree to handle all monetary transactions for the special event and will return such monies to the Foundation within 30 days of the event.

Signature _____ Date _____