

Thanksgiving Charity Bazaar

APPLICATION FOR BOOKING

ORGANIZATION NAME: _____

MAILING ADDRESS: _____

CITY/ PROV.: _____ POSTAL CODE: _____

CONTACT NAME: _____ DAYTIME PHONE: _____

WHAT WILL YOUR GROUP BE SELLING? eg. baked goods, crafted items, raffle, etc.
(Please note: no 'white elephant' or garage sale items with the exception of used books will be accepted.)

Thank you for being part of the Port Place Shopping Centre Family! We appreciate the opportunity to serve you and look forward to seeing you!

OFFICE USE ONLY

APPLICATION RECEIVED: / TABLE # ALLOTTED: / CONFIRMED: