

Organizer Contact Information

Event Name:	
Contact Person:	
Phone Number:	
Email Address:	
Organization Name:	
Organization Type:	
Mailing Address:	

Overview of the Campaign

Provide the reason for the lighting request and background information on the request

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Campaign Details

Campaign Start Date:	
Campaign End Date:	
Preferred Illumination Colour:	
Website URL:	
Social Media Profiles:	

OFFICE USE ONLY

Date Received		CFS #	Approved by	<input type="checkbox"/> Recreation
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