



PERMIT REQUEST FORM

School Requested	
Name of Event	
Permit Start Date	
Does this Permit Repeat Additional Permit Days	
Comments/ Special Request	
Expected Participants	
Participant Age Group	
Name of Insurance	
Expiry Date of Insurance	
Name of Organization	
Organization Address	
Website Address	
Contact Person	
Position with Organization	
Address of Contact Person	
Phone Number	
Email Address	