

Application for Special Event

Thank you for your interest in supporting the Movement Centre of Manitoba. Please complete the following application and return for approval to:

1646 Henderson Hwy | Winnipeg, MB R2G 1N7 | Or email to: justin@movementcentre.ca

Contact Information		
Organization:		
Contact:	Title:	
Address:	Postal Code:	
Phone:	Email:	
Please check the category that best de	escribes your organization	
Corporation/Business	Community Service Club	
School	Other:	
SCHOOL	Other	
Event Information		
Date:	Time:	
Location:		
Target Market: Employees Members Customers General Public		
☐ Other:		
Public Relations Information (how wil	l you be promoting the event)	
☐ Internal Promotion	Date of Distribution:	
Posters/Flyers	Date of Distribution:	
Advertisements	Date of Distribution:	
Public Service Announcements	Date of Distribution:	
Other:	Date of Distribution:	
What support or assistance would you like from the Movement Centre (social media/website/flyers)?		

What is your connection to the Movement Centre?	
	ing money for the Movement Centre" needs to be clearly sed and that we have the opportunity to approve the use of any or distribution.
Financial Information	
Estimated Income from the event: \$	Estimated Expenses from the Event: \$
Estimated Donation to the Movement Centre: \$	Postal Code:
Tax Receipts Required: Yes No	
Will other charities benefit from this event? Yes	□ No
If yes, which charities: \$	
full amount of the proceeds raised on our behalf. The Mo Thank you for your commitment to the Movement Centr	ovement Centre is not responsible for any financial losses. re!
Name	Date
Signature	Title (if applicable)
For Office Use Only:	
Approved by the Movement Centre:	
Name	Date
	Title (if applicable)