

# 2018 FROSTY DAYS PARTICIPATION FORM

*Please Print*

Name of Group, Organization or Business: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email Address \_\_\_\_\_

Phone No: 826: \_\_\_\_\_

Preferred Date: \_\_\_\_\_

Preferred Time: \_\_\_\_\_

Event: \_\_\_\_\_

Facility Required: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
(May be published)

Brief description of event (will be published):



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## FOR OFFICE USE ONLY

Recreation Facility Required: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date booked - confirmed:

Comments: