



Town of Rimbey
Community Events Grant Program Application
Waiver of Rental Fees

Group Information

Group/Assoc.: _____ Date: _____

Contact Name: _____ Title/Position: _____

GROUP/ASSOC. Mailing Address

Telephone Number: _____ Email: _____

Describe the primary objectives of your organization:

Project/Event Information

Name of Project/Event: _____

Date(s) of Event: _____ Expected Attendance: _____

Room Requested: _____

Provide a description of the project/event for which this waiver of rental fees is being applied for:

For Office Use Only:

Date Application Received: _____

Facility verified for availability *Circle one: Yes / No* *Facility booked for Client:* *Circle one: Yes / No*

Facility Rental Fee: \$ _____

Copy to Director of Finance, Director of Community Services, Executive Assistant and the Applicant

Approved by: _____
Date

Lori Hillis, CAO