

Application Form DFPEI Promotion Committee (The application must be submitted one month before the date of the event.)

Applicant Contact Information
Name of applicant:
Name of organization:
Mailing address:
Telephone:
Fax:
Email:
Event Information
Name of Event:
Location:
Scheduled Date:
What support are you seeking?



Participants: Children # attending Seniors # attending Adults # attending All # attending Please List Activities Taking Place: How would the support be used during your event?	Event Information Cont'd	
Seniors # attending Adults # attending All # attending Please List Activities Taking Place:	Participants:	
□ Adults # attending □ All # attending Please List Activities Taking Place:	☐ Children #	t attending
All # attending Please List Activities Taking Place:	□ Seniors #	t attending
Please List Activities Taking Place:	☐ Adults #	attending
	□ AII#	attending
	How would the support be used dur	ing your event?
	OFPEI milk promotion committee use:	
DFPEI milk promotion committee use:	received:	
received:	All steps have been completed	Signature of DFPEI Representative
received: Signature of DEPEI Representative	Reviewed and authorized by committee	
received: Signature of DEPEI Representative	Funding approved and presented to app	Signature of DEDEL Pergapetative
received: All steps have been completed Reviewed and authorized by committee Funding approved and presented to applicant Signature of DFPEI Representative	Event recorded and reported to DFPEI I	Signature of DFPEI Representative

Date 1