



Open Spaces Program
Application Form



Company Details

Company Name:	
Company Status: <input type="checkbox"/> Registered non-profit <input type="checkbox"/> Registered charity <input type="checkbox"/> Registered Cooperative	
Registration or business number:	
Year established:	
Contact Person:	
Title:	
Address:	
Postal Code:	
Office Phone:	
Cell Phone:	
Email:	
Website or Facebook:	

Additional Documents

Please submit the required documents according to the instructions in the Application Guidelines.

Signature

I certify that the information I have provided and contained in this application is correct to the best of my knowledge:

Print Name: _____

Title: _____

Date: _____

Signature: _____