



**PARKS, RECREATION & CULTURE SERVICES**  
**REQUEST FOR USE OF CITY OF OTTAWA PARKS**



Mailing Address: 101 CentrepoinTE Drive, Ottawa On, K2G 5K7  
 Telephone: 613-580-2595 Fax: 613-580-2683 Mail code 04-54

Date of Application: \_\_\_\_\_

**Name of Group/Club/Association:**  
 Civic Hospital Neighbourhood Association (CHNA)

**Name and Title of Primary Contact (i.e. President):**  
 Amanda Farris Telephone (home):613-686-5861

Address:67 Ruskin Street Apt.: \_\_\_\_\_ Telephone (office):  
 613-866-4089

City:Ottawa Province: ON Postal Code:K1Y 4A8 Fax: 1-866-759-3873 e-mail:  
 chna4u@gmail.com

**Name and Title of Secondary Contact: Katherine Steinhoff** Telephone (home):613- \_\_\_\_\_

Address: 168 Hickory St Apt.: \_\_\_\_\_ Telephone (office): \_\_\_\_\_

City:Ottawa Province: ON Postal Code: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail:ksteinhoff@cupw-  
 sttp.org

**Name and Title of Last Years Contact (If different):** Telephone (home): \_\_\_\_\_

**IN ORDER TO ENSURE PROPER COMMUNICATION IS MAINTAINED, PLEASE NOTIFY CITY STAFF WHEN THERE IS A CHANGE IN YOUR CONTACT INFORMATION.**

**Type of Activity the Park will be used for (i.e. picnic).**  
 Pumpkins in the Park event. Pumpkins are being donated and CHNA children are invited to come decorate them in the Park. CHNA will supply the decorating materials. The event is free to attendees.

**Special Occasion (Liquor) Permit:**  Yes  No

**Request For Open Air Fire(s)**  Yes  No

**Age Group:** 2-12 **No. of Participants:** 50

Park Requested	Day	Dates (From/To)	Time (From/To)	Contract Number
Fairmont	Saturday	October 29th	2pm to 4pm	

**Freedom of Information Statement**  
 Personal information is collected on this form pursuant to s. 11(1)(5) of the Municipal Act, 2001, S.O. 2001, c.25, and will be used for the purposes of processing your application and management of the City of Ottawa recreation and culture programs. Questions regarding this collection may be addressed to the Portfolio Manager, Allocations at 613- 580-2424 ext. 41678, 101 CentrepoinTE Drive, Ottawa, Ontario, K2G 5K7.

I hereby declare that the information provided is to the best of my knowledge, accurate, and that the City of Ottawa reserves the right to verify such information. Any application submitted providing false information could cancel any privileges granted under this application and disqualify the applicant for further eligibility.

Signature of Applicant: *Amanda Farris* Date: Sept. 12, 2011

Please note that this application is subject to approval before an official permit is issued.



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