



*The Corporation of the  
Municipality of Wawa*



**Application for Facility Fee Waiver or Reduction  
Michipicoten Memorial Community Centre**

Name of Organization: \_\_\_\_\_

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

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

Facilities Requested:       Banquet Room       Lounge       Kitchen  
    Meeting Room       Arena  
    Other \_\_\_\_\_

Is this event a Fundraising Event?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Is the event open to all community residents?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Will there be an admission charge of any kind?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

**If YES please explain:** \_\_\_\_\_

Please describe the nature of your event (how many volunteers are involved, how will residents participate, goals of event, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please submit completed application to:**

Mayor and Council  
Municipality of Wawa  
Box 500, 40 Broadway Avenue  
Wawa, Ontario  
POS 1K0

**NOTE: This application must be submitted one month prior to the proposed even date and includes a completed financial statement on back of this application.**

**PROPOSED EVENT BUDGET**

<b>Current Bank Balance</b>	\$ _____
<b>Proposed Event Revenues</b>	\$ _____
Admission	\$ _____
Resale Items	\$ _____
Sponsorship	\$ _____
Donations	\$ _____
Other _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Proposed Event Expenses</b>	
Marketing	\$ _____
Human Resources (staff)	\$ _____
Materials/Supplies	\$ _____
Entertainment	\$ _____
Licence Fees	\$ _____
Other _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>NET PROFIT/LOSS</b>	\$ _____

**NOTE: In-kind services cannot be included. Cash expenses only please.**