MASONICh.I.P.
ONTARIO

Event Application

I've read the MasoniCh.I.P. Ontario Protocol and understand our responsibilities in organizing this event yes ☐ No ☐

When this form is completed, please forward to your Regional Coordinator

Event Date: _____ Type: community ☐ / stand-alone ☐

Sponsoring Lodge: _____ No. _____

District of Sponsoring Lodge: _____

Location & Address of Event: _____

Time of Event: _____ Estimated No. of Children: _____

Volunteer training will begin 1 hr. prior to event start time listed

Set-up time: (allow at least 2 hrs for set-up) _____

Request Contact Person: Name _____
Address: _____
Phone (day & evening):_____
E-mail:_____

Sponsoring Lodge MASONICh.I.P Committee:
Name_____Phone:day_____evening_____
Address: _____e-mail: _____
Name_____Phone: day_____evening_____
Address: _____e-mail: _____
Name_____Phone:day_____evening_____
Address: _____e-mail: _____

(For use by Regional Coordinator – Application will be returned to Contact Person upon approval)

District Co-ordinator:
Name: _____
Phone(s): _____
Address: _____
E-Mail: _____

MASONICh.I.P Ontario Regional Coordinator for the Event:
Name: _____
Phone(s): _____
Address: _____
E-Mail: _____

Approval of Program Director: ☐ Yes – date added to CHIP Calendar
☐ No - requested date unavailable

Signature:
_____

Zavar Byramjee 905-238-8005 (O) 416-456-4899 (C) zavar@regalpresscanada.com

Date Received: _____ Date Approved: _____