



BLOCK PARTY REGISTRATION FORM

Name of applicant: _____

Applicant's Mailing Address: _____

Postal Code: _____

E-mail: _____ Phone Number: _____

Location / address of event: _____

Date of event: _____

Start time: _____ Approx. end time: _____

Approx. households invited: _____ Approx. attendance expected: _____

Party resources requested (Check all that apply):

- 20x20 event canopy Yard Yahtzee Popcorn Machine Bean Bag Toss
 Lawn Darts Ladderball PA/Sound System Jumbo Connect 4 Giant checkers
 Pylons Potato sacks Baseball Bases

Do you need folding tables: Yes No

Number of tables: 1 2 3 4 5

Are you planning to block off streets? Yes No

Are you planning on serving Liquor? Yes No

Additional Comments/requests:

Please submit this form to blockparty@rdcounty.ca