PARK(ing) Day Application Form

Please fill out and submit the following form to kate.zago@calgary.ca with a visual representation of your idea, by **August 21, 2020**.

| , , , , , , , , , , , , , , , , , , , | • | | | |
|---------------------------------------|---|---|-----------------------------|--|
| Contact name: | | | | |
| Contact organi | zation: | | | |
| Phone number | : | | | |
| Email: | | | | |
| Concept title: | | | | |
| Concept descri | ption: | | | |
| | | | | |
| Proposed Loca | tion (list address of build | ling in front of proposed stall and/or so | ubmit a corresponding map): | |
| Where did you | hear about PARK(ing) Da | ay Calgary's call for participants? | | |
| What category | do you most represent? | | | |
| Busine | SS | Community Association | Artist | |
| Non-pr | ofit | Busines Improvement Area | Other: | |
| Studen | t | Citizen | | |
| Please indicate | the following: | | | |
| l under | stand our PARK(ing) Day | installation will be unsupervised for it | ts duration. | |
| I have i | I have informed the business directly in front of our proposed location of our application. | | | |
| Contac | Contact (name and phone | | | |

I am eligible and would like to be considered for one of the two 1,000 PARK(ing) Day grants.

number or email):