



**BLOCK PARTY
NEIGHBOURHOOD SUPPORT FORM**

Please send completed form to cscoordinator@bonaccord.ca.

Name (Print)	Property Address	Signature	Date

The information collected on this form is authorized under Section 4(c) of the Protection of Privacy Act (POPA). It will be used to process block party applications for the Town of Bon Accord. If you have any questions about the collection and use of the information, contact the Town of Bon Accord at 5025 - 50th Avenue, Bon Accord, AB, T0A 0K0 or by calling (780) 921-3550.

Organizer Signature

Date

Please send completed form to cscoordinator@bonaccord.ca.

Organizer Name: _____

Organizer Property Address: _____

Email: _____ Phone: _____

Event Location: _____

Start Time: _____ End Time: _____

Street Closure Required? ☐ Yes ☐ No

If yes, barricades are to be placed in front of:

House # _____ House # _____

House # _____ House # _____

TERMS and CONDITIONS

Please review and check each box:

- ☐ I understand and agree that there are risks, including physical risks, associated with hosting a Block Party and I have voluntarily agreed to participate.
- ☐ I understand the Block Party must be held in accordance with the Town of Bon Accord Block Party Procedure which I have read and understood in its entirety.
- ☐ I hereby release the Municipality, its employees, instructors, agents and volunteers from any claim for loss, injury or damage to person or property, either directly or indirectly, from the attendance, including participation.

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Organizer's Signature

Date