



Thornhill Village Festival

Community Group Application Form

Organization Name: _____

Contact Name: _____

Mailing Address: _____

e-mail Address: _____

Phone #: _____ FAX#: _____

Description of Organization: _____

Number of spaces requested: _____

Canopy Size: Height: _____ Width: _____ Depth: _____

Will you be running a raffle? Yes _____ No _____

Please mail to:

Betty Goulden

Thornhill Village Festival

Box 53120, 10 Royal Orchard Blvd.

Thornhill, ON

L3T 7R9