



VENUE APPLICATION FORM

Wednesday, June 22, 2022

APPROVED:

COMMITTEE MEMBER: _____

Contact information

VENUE/COMPANY NAME: _____
 ADDRESS: _____
 MAIN CONTACT: _____
 E-MAIL: _____ PHONE: _____
 STAFF: _____

Challenge information Challenge subject to committee approval and input.

CHALLENGE IDEA: _____

CHALLENGE LENGTH¹: _____
 # OF TEAMS COMPETING: _____ : _____
 EQUIPMENT/SUPPLIES: _____

¹Challenges should be approximately 15 minutes in length

Prize donation Please indicate if you would like to provide a prize for the members of the winning team.

PRIZE DONATION: YES NO

PRIZE DETAILS (quantity of 4): _____

Payment information

Early Bird (before April 31): **\$250 +HST**

Regular Venue Rate: **500 +HST**

METHOD OF PAYMENT:

INVOICE

CHEQUE

VISA/MC #: _____

EXPIRY: _____

CARDHOLDER: _____

CVV: _____