

**Queen Elizabeth Park Community & Cultural Centre**

**September 28, 2013**

**Time: 10:00am-4:00pm**

Participate Activity Submission Form

Organization Name/Individual:

Contact Name:

Contact Phone Number:

Contact Email Address:

**Activity Name**:

**Description of Activity(s):**

(Check all that apply)

**Activity Type(s)**: Behind the scene □ Collective Creation □ Discussion □

Hands on activity□ Performance□

(Check all that apply)

**Activity Category(s)**: Comedy□ Dance□ design□ Film or Video□, Heritage□ Literature and Spoken word□ Music□ New/Digital Media□ Theatre□ Visual Arts□

**Activity Times**:

**Room Preference (for all activities/events)**:

**Setup Requirement (i.e. Tables, chairs for all activities/events**):

AV Equipment Yes□ No□ Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stage Required Yes□ No□

Does your activity require volunteer’s assistance Yes □No □

If yes how many volunteers do you require?\_\_\_\_

What would the volunteer be required to assist with?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to participate in the Marketplace Yes□ No□

How many tables\_\_\_\_\_\_(tables may be limited)