

BLOCK PARTY

APPLICATION FORM

Organizer(s) First & Last Name: _____

Street Address: _____

Postal Code: _____

Email: _____

Phone #: _____

Event Location: _____

Neighbourhood: _____

Date of Party: _____

Start Time: _____

End Time: _____

STREET CLOSURE FORM ATTACHED? YES _____ NO _____

REQUESTING BLOCK PARTY TRAILER? YES _____ NO _____

Location to Park Trailer if Available: _____

Forward your application to:

Town of Edson Community Services Department
P.O. Box 6300 605-50 Street
Edson, AB T7E 1T7
Email: cserv@edson.ca

Visit www.edson.ca/blockparty for more information!

