

Community Access Application Form-) D O O : L Q W H U

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(W K D Q ' L D W S R Z U W # V S H Q F H Q H L J K E R X U K R R G R U J

Organization name _____

****Please include your organizational mission statement and/or vision if applicable****

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% R G L O \ , Q M X U \ 3 U R S H O W D E D E D W H & R Q W V D F W X D O O L D E L O L W \ 8 Q O L F H
And to be added as an A dditional Insured on the requested certificate.

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Main contact individual _____ 3 K R Q X P E H U

(P D L O _____

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Supervisor/Alternative _____

3 K R Q X P E H U _____ (P D L O _____

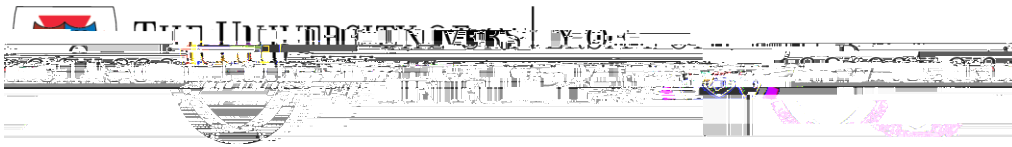
7 U D L Q L Q J & H U W L I L F D W L R Q _____

****This could be the point person facilitating program at the Axworthy Health and RecPlex****

1 R W H 0 D L Q F R Q W D F W R U V X S H U Y L V R U D O W H U Q D W H P X V W

3 U R J U I D F H _____

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**Please specify how you would like the space set up (i.e. 3 tables & 10 chairs) **

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