

## **Special Occasion** Application Form Please allow two weeks for permit processing.

Organization Information	
Application Date:	
Organization:	
Contact Person:	
Contact Number:	Contact Email:
Event Information	
Event Name:	
Event Location:	Room(s)/Space:
Event Date and Time:	
Type of Event:	
If this is an outdoor event, please attach a diagram/site map of the location and any amenities.	
Emergency Information	
Please include a contact name and number of at least one individual who will act as event security. This contact	
information will be provided to the R.C.M.P. and the contact must be available at all times during the event in the case of an emergency.	
· ·	Emanger of Contact Makila Dhana Manhan
Emergency Contact Name:	Emergency Contact Mobile Phone Number:
When complete please return this form to the booking office for the facility/location of the event.	
Property Management Review  I have reviewed the details of this event and note the following:	
	_
☐ Approved, and ☐ Approved, and ☐	concerns are attached
Signed by: Department/Division: Property Manager or Booking Office Rep.	
Property Manager or Booking Office Rep.	
Date:	
When complete forward to the RCMP (City Detachment) for review.  RCMP Review	
I have reviewed the details of this event and note the following:	
☐ Approved, and	concerns are attached
Signed by:	
Signed by:RCMP, Yorkton Municipal Detachment	
Date:	
When complete please return this form to the Department/Division listed above.	