Save-On-Foods Memorial Centre
Facility Rental Application
Team Roster

Name of Organization:_____

Full Name	Permanent Address (Street, Municipality, Postal Code)	C.O.V Resident √	Home Phone number	Date of Birth (YYYY/MM/DD)	Male or Female ?

Full Name	Permanent Address (Street, Municipality, Postal Code)	Resident? √	Home Phone number	Date of Birth (YYYY/MM/DD)	Male or Female ?