



LaFRAS.com

## COMPLETE THIS FORM

### IDENTIFICATION OF THE CONTACT PERSON

Last name:

First name:

Address:

City & Province:

Postal Code:

Telephone:

Email:

Date of birth:



### REFERENCES

Please provide full contact information of two people which you have known you for at least two years, and that are not family members.

Name:

Surname:

Address:

City & Province:

Postal Code:

Telephone:

Email:

Affiliation with us:

How long has this person known you for?

Name:

Surname:

Address:

City & Province:

Postal Code:

Telephone:

Email:

Affiliation with us:

How long has this person known you for?



## **DESCRIPTION**

What is the proposed activity?

When would the activity begin?

When would it end?

Where would the activity take place (full details)?

Who would volunteer with you?

How many participants will be with you?

Is there a cost for the participants? If so, what would it be?

What are the expenses related to the activity?

How much do you anticipate you could donate to the FRAS?

Will you solicit support from any sponsors?

How will you promote your event?

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Signature

Date