

Block Party Signature Form

Date of Block Party _____

Location of Block Party _____

Time of Block Party (start & end times) _____

Organizer's Name _____

By signing below you indicate your support of the Block Party

Name (Please Print)	Address	Signature

Organizer - Please email this form to cleon@portmoody.ca or drop off at the front counter located in the Recreation Complex, 300 Ioco Road, Attention Chris Leon.