

*Providing Solutions That Recover Lives*



## EVENT AUTHORIZATION FORM

**Note: Application must be approved by Fresh Start Recovery Centre prior to hosting or promoting your event. All events must align with our mission, goals and values. Events promoting products and lifestyle inappropriate to Recovery ie. Alcohol, Cannabis, etc. will not be approved.**

Date: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Type of Event: \_\_\_\_\_

Proposed Event Name: \_\_\_\_\_

Host Organization/Person: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Brief description of your proposed event and how funds will be raised: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this event open to the public?  Yes  No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date