



ZERO WASTE EVENT APPLICATION

CONTACT:

TITLE:

GROUP/ORGANIZATION:

PHONE NUMBER:

EMAIL ADDRESS:

NAME OF EVENT:

DATE AND TIME OF EVENT:

LOCATION OF EVENT:

NUMBER OF EXPECTED ATTENDEES:

TYPE OF FOOD AT EVENT:

EVENT CATERER:

HOW DO YOU PLAN TO MAKE YOUR EVENT A ZERO WASTE EVENT (BASED ON THE ZERO WASTE EVENT GUIDE):

WHY DO YOU WANT TO HOLD A ZERO WASTE EVENT:

DO YOU AGREE TO FOLLOW THE ZERO WASTE EVENT CHECKLIST? (required)

DO YOU AGREE TO TAKE FULL RESPONSIBILITY FOR ANY DAMAGE OF THE SIGNS AND OTHER MATERIALS PROVIDED BY FACILITIES, OPERATIONS, AND DEVELOPMENT (FOD)? (required)

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