

2.



EVENT & INVITATION REQUEST FORM

Please make your request at least 3-5 weeks before the scheduled date of the event

| DATE: _ | | _ | |
|---------|--|-------------------------|---|
| ГІМЕ: _ | | _ | |
| LOCATI | ON: | | |
| MOST IN | MPORTANT TIME FRAME FO | OR MAYOR TO ATTEN | ND: |
| DO YOU | YOU WISH OTHER MEMBERS OF COUNCIL TO ATTEND: | | |
| SPECIFY | MAYOR'S ROLE AT EVEN | Γ e.g. Cut Ribbon, Welc | oming Message, Award Presentation, etc. |
| | | | |
| | | | |
| Contac | t Information: | | |
| Name: | | | |
| | | | |
| Telepho | one: | | - |

Please fax this form to: Office of the Mayor (403) 320-7575

Mail or Deliver to:

Mayor's Office 2nd Floor, City Hall 910 – 4th Avenue South Lethbridge, AB. T1J 0P6

Any additional information regarding the event can be included with the fax or e-mailed to: mayor@lethbridge.ca