**WATERLUMINATE**

Special Illumination Application Form

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| **Name of Organization** |  |
| **Contact Information** | **Primary Contact :**  **Secondary Contact:**  **Primary Phone #:**  **Secondary Phone #:**  **Email:**  **Mailing Address:** |
| **Special Lighting Request** | **Preferred Date:**  **Alternate Date:**  **Event / Occasion:**  **Preferred Colour(s):** |
| **Reason for Special Lighting Request or Benefit to Your Cause or Event?** |  |

*A fee of $50 will be charged. By signing below, I certify that I have read the WATERLUMINATE guidelines. My signature also certifies my understanding of, and agreement with, the WATERLUMINATE guidelines.*

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_