

Date Received

Organization/Group/Association Name:	Date of Submission:
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New Request

Address Information:			
Street Number	Street Name	Apt.	
City	Province	Postal Code	E-mail

Organization Information:					
Position/Title	Last Name	First Name	Work Phone	Home Phone	Fax Number
Main Contact					
Scheduler					
Treasurer					

Membership Details <b>(Please add your membership totals in the following boxes)</b>												
Age Categories												
<b>Children and Youth</b> <i>(Under 18 years of age)</i>				<b>Older Adult</b> <i>(Over 60 years of age)</i>				<b>Adult</b> <i>(18 years and older)</i>				<b>Percentage</b>
<b>Residents</b>		<b>Non-Residents</b>		<b>Residents</b>		<b>Non-Residents</b>		<b>Residents</b>		<b>Non-Residents</b>		Total Residents divided by the Total Membership
Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	
If you have more than one Age Category, do they participate together? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>												
Does the majority of your membership live with in 5 kms of the space you wish to permit? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>												
Is your membership open to the public? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>												
Your Organization has read the City of Toronto's Access and Equity Policy and will comply with it? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>												
Please attach a copy of your membership to this application												

Organization Overview:

Organization Details <b>(Please add your membership totals in the following boxes)</b>	
Is your Organization Registered Not-For-Profit? If so, please enter your registration number:	
Is your Organization volunteer based with an elected executive? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Do you have an annual operating budget of greater than \$5,000? If so, please attach a financial statement.	
Who is the target group of your membership (adults, preschool, cultural, or marginalized groups etc.)? <i>See staff for definitions of the various groups.</i>	

The personal information on this form is collected under the authority of the *City of Toronto Act, 1997, Municipal Act, 2001, S.O. 2001, c. 25, s. 11(2) and 227(c) and Article XI, of Chapter 169, of the Municipal Code.* The information is used to **categorize groups and determine their allocation priority and permit rate.** Questions about this collection can be directed to: Manager, Customer Service, Toronto City Hall, 1st floor, 100 Queen Street West, Toronto, M5H 2N2 or by telephone at 416-392-1902.

Account Category	<b>Partnership</b>  <input type="checkbox"/> <b>Partnership</b>	Not-for-Profit, Community Resident <input type="checkbox"/> <b>Children/Youth</b> <input type="checkbox"/> <b>Older Adult</b> <input type="checkbox"/> <b>Adult</b>	Not-for-Profit, Community Non-Resident <input type="checkbox"/> <b>Children/Youth</b> <input type="checkbox"/> <b>Older Adult</b> <input type="checkbox"/> <b>Adult</b>	Other Accounts <input type="checkbox"/> <b>Commercial or Private</b> <input type="checkbox"/> <b>TDSB</b> <input type="checkbox"/> <b>TCDSB</b>
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<b>Supervisor Approval of Account Category:</b>	
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