BLOCK PARTY SIGN-OFF

DATE & TIME: _____ **LOCATION:** _____

ORGANIZER: _____ **PHONE #:** _____ **EMAIL:** _____

The form must show that a minimum of 65% of the block households support the Block Party and the street closure.

PLEASE SCAN AND EMAIL TO specialevents@vancouver.ca

NAME	ADDRESS	SIGNATURE	SUPPORT	DON'T SUPPORT