

EVENT DETAILS

Event			
Location:			
Organizer:			
Event Start Date:	Event End Date:	Projected Attendance:	Date of Cart Delivery:
			Date of Cart Pick Up:
Event Dates:	Day of Week:	Event Start Time:	Event End Time:
		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

CONTACT INFORMATION

Name:		Phone (Home):
		Phone (Office):
Address:		Phone (Cell/Pager):
		Fax:
City:	PC:	Email:

RECYCLING DETAILS

Recyclable Materials:	Total Number of Carts	Cans/Bottles Carts (EWSWA to fill out): Cans/Bottles Bottle (EWSWA to fill out): Other Carts: Total Number of Stations:
<input type="checkbox"/> Aluminum Cans/PET	Will Alcohol Be Served?	
<input type="checkbox"/> Clear Glass	What type of Beverages/Vendor	
<input type="checkbox"/> Coloured Glass	Will a cardboard bin be provided?	
<input type="checkbox"/> Corrugated Cardboard	Which company will manage bins?	
<input type="checkbox"/> Boxboard	Access to site? Provide Site Map?	
<input type="checkbox"/> Paper:	Special Considerations? Servicing Req?	