



**CATARAQUI REGION CONSERVATION AUTHORITY**  
**Booking Application for Lemoine Point Conservation Area**  
 P.O. Box 160, 1641 Perth Road  
 Glenburnie ON K0H 1S0  
 Fax: (613) 547-6474  
 Phone: (613) 546-4228 ext. 234

*Please complete this application form and submit it **at least two months before your proposed event**. Make sure that you provide all of the requested information. If it is not provided, we will not be able to process your application.*

*Fees for the use of Lemoine Point Conservation Area are \$1.00 per person. A \$50.00 deposit is required. Additional fees may be charged if extra staff are required for your event. This will be indicated on your permit.*

Function Date \_\_\_\_\_ Rain Date \_\_\_\_\_ Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_

Group Name \_\_\_\_\_

Name of Person in Charge \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail address \_\_\_\_\_

**Type of Function**

Education program  Picnic  Fundraiser (please specify) \_\_\_\_\_

Competition (please specify) \_\_\_\_\_

Other (please specify) \_\_\_\_\_

Number of people attending \_\_\_\_\_ participants \_\_\_\_\_ spectators. Age/Grade \_\_\_\_\_

*If more than 100 people are expected to attend, please attach a plan which tells us how you will manage the event including parking and traffic control, environmental protection, emergency procedures, site clean-up and crowd control.*

Have you previously used Lemoine Point Conservation Area?  yes  no

If yes, please provide the date of your last function. \_\_\_\_\_

**Facilities and Areas Required**

Please check all that apply and show on the attached map.

**Picnic Area**

Number 1  Number 2  Number 3  Number 4

Number of picnic tables required \_\_\_\_\_

Number of garbage cans required \_\_\_\_\_

Electricity  Water  (available only in Picnic Area Number 2)

**Trails and Service Roads** (please show on attached map)

**Other** (please specify) \_\_\_\_\_

Keys required?  yes  no

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**CRCA Office Use**

Temporary # \_\_\_\_\_

Invoice# \_\_\_\_\_

Fees \$ \_\_\_\_\_

Liability insurance forms required?  yes  no Received?  yes  no

Damage deposit required?  yes  no Received?  yes  no

Keys returned?  yes  no

Post-event report received?  yes  no

Special notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_