



## BLOCK PARTY APPLICATION FORM

**ORGANIZER(S) FIRST & LAST NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**POSTAL CODE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EVENT LOCATION:** \_\_\_\_\_

**NEIGHBOURHOOD:** \_\_\_\_\_

**DATE OF PARTY:** \_\_\_\_\_

**START TIME:** \_\_\_\_\_

**END TIME:** \_\_\_\_\_

**STREET CLOSURE FORM ATTACHED?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Forward your application to:**

Town of Edson Community Services Department  
BOX 6300 605-50 Street  
Edson, AB T7E 1T7  
Email: [cserv@edson.ca](mailto:cserv@edson.ca)