



REQUEST TO WAIVE FEES FORM

Notice:

- Organization must contact the Parks and Recreation Department prior to submittal of this for to check availability of date/s
- Requests must be received by the Parks and Recreation Department atleast 30 days prior to start of activity/ event

ORGANIZATION INFORMATION

ORGANIZATION NAME: <i>Komim KAVES Foundation</i>	NAME OF CONTACT PERSON: <i>ROB REINER</i>
MAILING ADDRESS: <i>110 E. PALM Drive</i>	
CITY, STATE, AND ZIP CODE: <i>MARGATE, FL 33063</i>	TELEPHONE NUMBER: <i>954-444-5782</i>
ORGANIZATION TAX ID NUMBER#:	

EVENT/ACTIVITY INFORMATION

START/FINISH DATE OF ACTIVITY: <i>?</i>	LOCATION OF EVENT/ACTIVITY: <i>Margate Sports complex</i>
HOW CAN MARGATE RESIDENTS PARTICIPATE: <i>By ATTENDING</i>	# OF MARGATE RESIDENTS THAT ARE PARTICIPANTS: <i>10</i>
HOW WILL THIS EVENT/ACTIVITY POSITIVELY IMPACT THE CITY OF MARGATE AND IT'S RESIDENTS: <i>This is an event we are facilitating along with the Forpoul Foundation to get donations through bingo and have all proceeds go to the Sargent Jeffrey Arbogast Family. We will promote this event city wide to invite all residents and businesses to participate. We hope to impact our community to come together for a great cause.</i>	

APPLICANT'S SIGNATURE

SIGNATURE OF APPLICANT:	DATE:
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OFFICIAL USE ONLY

PARKS AND RECREATION

Date Received by Parks and Recreation:	Total of Fees being Waived:
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