



400 Newkirk Road
Richmond Hill, Ontario
L4C 3G7

The Curtain Club Charity Night

Application Form

Please complete this form and e-mail to charitynight@thecurtainclub.org

Contact Information			
Name of Organization			
Email Address			
Address, City & Postal Code			
Website			
CRA Registered Charities #			
Contact Name		Phone #	
Your role within the organization			
Ticket Request – Play Preference – Charity Night – Thursday Night			
We will do our best to accommodate your request however we cannot guarantee your play preference or # of tickets We will send you confirmation shortly on the status of your request. ...			
<input type="checkbox"/> No Preference <input type="checkbox"/> Fly Fisher’s Companion - September 14th, 2023 <input type="checkbox"/> The 39 Steps - November 16th, 2023 <input type="checkbox"/> Deathtrap - January 18th, 2024 <input type="checkbox"/> Pugwash - March 22 nd , 2024 <input type="checkbox"/> Gibson & Sons - May 24th, 2024			
# of Tickets - Our expectation is that you will be able to fill the number of seats that will be allocated.			
<input type="checkbox"/> 25 tickets <input type="checkbox"/> 50 tickets <input type="checkbox"/> 75 tickets <input type="checkbox"/> Other _____			
Tickets may be used as a thank you to your volunteers or to raise money for an initiative.			
These tickets will be used to			
<input type="checkbox"/> As a Thank you for our volunteers. <input type="checkbox"/> Raise money for an initiative <input type="checkbox"/> Combination of volunteers/ initiative			
Please tell us about your organization. Mission Statement			

How are any proceeds raised tonight going to be used to service the residents of York Region?			

<p>Thank you for your interest in participating in our Charity Night Program. and completing this application form. We will reach out ASAP</p> <p>. Please feel free to contact us for any further information.</p> <p>charitynight@thecurtainclub.org</p> <p>www.thecurtainclub.org</p>			