

18th Annual Christmas
Ice Candle Festival of Lights
ORDER FORM

PURCHASER'S NAME: _____

Email Address: _____

Phone Number: _____ Date: _____

*Completed order form, with payment, can be dropped off at the Cemetery Office at the Operations Bldg. (60 14th Street N.) or City Hall. Or can be mailed and received by deadline date to: *City of Kenora, L.O.W. Cemetery, 1 Main Street South, Kenora, ON P9N 3X1.* Or you can order on-line at www.kenora.ca.

PLACE & LIGHT: (*DEADLINE for Orders - Wed. Dec. 7, 2016*)

_____ x \$10.00 Sub-total _____ (fill in table below)

PICK-UP: (*DEADLINE to Pick-up Candles- Fri. Dec. 9, 2016*)

_____ x \$8.00 Sub-total _____ (keep bottom portion of form for pick-ups)

TOTAL AMOUNT PAID: _____ cash / cheque

*CHEQUE payable to the "City of Kenora"

NAME OF DECEASED	# OF CANDLES	LOCATION (Office Use Only)

Collection of Information Notice:

Personal Information contained on this form is collected pursuant to the Municipal Act, 2001 and will be used for the purpose of selling ice candles. Questions about this collection should be directed to: THE FREEDOM OF INFORMATION AND PRIVACY COORDINATOR, CITY OF KENORA, ONE MAIN STREET SOUTH, KENORA, ON, P9N 3X2, (807) 467-2295.

ICE CANDLES – RECEIPT FOR PICK UP

Bring this receipt to L.O.W. Cemetery when picking up your ice candles.

Purchaser's Name: _____ #of Candles: _____

DEADLINE TO PICK UP CANDLES – Fri. December 9, 2016

During Regular Hours - Mon-Fri (8:00 a.m. Noon & 12:30- 4:30 p.m.)