

20th Annual Christmas Ice Candle Festival of Lights Order Form

Purchaser's Name:	Email Address:
Phone Number:	Date:

Payment Options:	
<input type="checkbox"/> Completed order form, with full payment dropped off at the Cemetery Office at the Operations Building (60 14 th Street North) or City Hall (1 Main Street South).	
<input type="checkbox"/> Completed order form, with full payment mailed to: *Postmarked no later than Dec 3/18* City of Kenora, 1 Main Street South, Kenora, ON P9N 3X1.	
<input type="checkbox"/> Completed order form and credit card information emailed to icecandles@kenora.ca Credit Card Number: _____ Expiration Date: _____	

Place & Light: (Deadline for Orders – Fri. Dec. 7, 2018) # _____ x \$10.00 Sub-total _____ (fill in table below)
Pick-up: (Deadline to Pick-up Candles – Wed. Dec. 12, 2018) # _____ x \$8.00 Sub-total _____ (keep bottom portion for pick-ups)
Total Amount Paid: _____ cash/credit /cheque payable to "City of Kenora"

***** Orders will not be accepted past the applicable deadlines*****

Name of Deceased	# of Candles	Location (Office Use Only)

Personal Information collected on this form is pursuant to the Municipal Act, 2001 as amended and will be used for the administration of the Municipality. Questions about this should be directed to the FOI Coordinator, City of Kenora, One Main Street South, Kenora, ON P9N 3X2

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: _____

Hours of operation for pick-up:
Mon-Fri (8:30 a.m. Noon & 12:30– 4:00 p.m.)
Deadline to pick-up candles – Wed. December 12, 2018