

## PRESENTATION REQUEST

PLEASE PRINT	
SUBJECT: SHLINGR'S ATLANGE	
PREFERRED DATE: ALTERNATE DATE: 2019	2
NAME: SHEBA SHLINECALB REDGERE	UR.
EMAIL ADDRESS:	
STREET ADDRESS:	
142 JOHN ST.	
City Postal Code	
BARRIE Z4-4VI	
PHONE: BUSINESS:	
FAX NO.: E-MAIL ADDRESS:	
NAME OF GROUP OR PERSON(S) BEING REPRESENTED (If applicable), INCLUDING THE PERSON(S) WHO WILL BE SPEAKING AND/OR PRESENT AT THE MEETING:	
WITH UPRIOUS SIDKING UN 1.5	
BRIEF STATEMENT OF PURPOSE OF PRESENTATION:	,
TO MAKE TITE TUBLIC/BAMISCITIZED (A	1075
THAT THE SHEAS SHEWS CLUB OF BANG	
15 HODING A CHRINE PARADE IN BARR	1.5
DO YOU REQUIRE AUDIO-VISUAL EQUIPMENT? YES NO If yes, please contact the Legislative and Court Services Department to make arrangements.	
WHAT FORMAT? i.e. Power Point, Overhead slides etc. (Note: a maximum of 12 slides is recommended).	
Power Point  Audio  Windows Media Player  Version #	

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City of Barrie, Legislative and Court Services Department 70 Collier Street, P.O. Box 400, Barrie, L4M 4T5 Tel: 705 739-4204 Fax: 739-4243 www.barrie.ca