



QUEBEC FEDERATION OF HOME AND SCHOOL ASSOCIATIONS INC.
LA FÉDÉRATION QUÉBÉCOISE DES ASSOCIATIONS FOYERS-ÉCOLES INC.

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INSURANCE REQUEST FORM

NAME OF HOME AND SCHOOL: _____

ADDRESS: _____

CONTACT: NAME: _____

EMAIL: _____

PHONE: _____

NAME OF EVENT: _____ DATE / RAINDATE: _____

START/FINISH TIME: _____ NUMBER OF VOLUNTEERS (TOTAL): _____

ADDRESS WHERE WILL EVENT TAKE PLACE (IF ADDRESS DIFFERENT FROM SCHOOL):

TYPE OF EVENT: (FAMILY, ADULT OR OTHER:) _____

OF PEOPLE EXPECTED TO ATTEND: _____

WILL LIQUOR BE SERVED? _____ HAS LIQUOR PERMIT BEEN APPLIED FOR? _____

WHO WILL SERVE LIQUOR? (VOLUNTEERS OR CATERER) _____

WHAT WILL BE DONE WITH REGARD TO MONITORING OF DRINKING? _____

CONFIRMATION THAT AGE WILL BE VERIFIED AND RESPECTED? _____

WILL FOOD BE SERVED? _____ IF YES, WHO IS PROVIDING FOOD? _____

IS MENU HOT OR COLD _____ IS FOOD BEING SOLD? _____

WILL THERE BE INFLATABLES? _____ HOW MANY? _____

NUMBER OF VOLUNTEERS PER INFLATABLE? _____

OTHER DETAILS: _____

