

Newfoundland Application to Light the Confederation Building Labrador

Organization										
Event										
Date of Lighting	MONTH	/	DAY	/	YEAR					
Colour of Light Requ	uested									
Contact Person										
Telephone				En	nail A	ddress				

Please outline the manner in which this request is consistent with the Government of Newfoundland and Labrador's policies or initiatives.

Is your organization planning any advertising or public relations activities?	YES	NO
Please provide details.		

Have any public activities been planned to promote the building lighting? YES	NO
If yes, please provide details.	