



DISTRICT OF KITIMAT
REQUEST FOR SNOWFLAKE PINS

I, _____ of the _____
_____, hereby request _____ Kitimat Snowflake
Pins/ for distribution at _____
_____ to be held at _____
_____ on _____
_____, 20_____.

I understand that the Snowflake pins are to be distributed to out-of-town teams or visiting groups only, and I undertake to return any surplus pins to the District of Kitimat.

Signature: _____

Title: _____

Date: _____

Phone: _____

Approval: _____

Chief Administrative Officer

Account: WO 040812. 295