



CF PLAY MAKERS GRANT REQUEST FORM

Applicant Information:

Name

Email

Contact Number

I certify that I am 18 years of age or older

School Information:

School Name: _____

Address: _____

Contact Number: _____

School Board: _____

Tell us about your school and why it needs a new play space grant from **CF Play Makers**?

I consent to be contacted by The Cadillac Fairview Corporation Limited

Please email your filled out form to cfplaymakers@cadillacfairview.com