

FN-24-099 SPORTING EVENT ATTENDENCE FUNDING



Bonnyville

APPLICATION FORM - INDIVIDUAL

Directions for completing the grant application:

- Read the Sporting Event Attendance Funding Program Guidelines.
- Return completed applications to:
Town of Bonnyville
Bag 1006
Bonnyville, AB T9N 2J7
or by email at admin@town.bonnyville.ab.ca
- For information on completing this application visit our website at www.town.bonnyville.ab.ca
- For questions, contact the Town Administration Office at 780-826-3496 or by email at admin@town.bonnyville.ab.ca

Applicant Contact Information

1. Name:	
2. Contact Email:	
3. Contact Phone:	4. Primary Contact Phone (Cell):
5. Mailing Address:	

Eligibility Checklist

Does your organization:	(Yes/No)
6. Is your primary residence in the Town of Bonnyville?	
7. Is the competition you are attending outside the Town of Bonnyville?	
8. Is the competition you are attending provincial, national or international in scope?	
9. Is your place secured in the competition (have you already qualified)?	
10. Is the age bracket you are competing in either under 18 or over 65?	

To qualify, all answers must be yes

Request Details

11. What is the sporting event you are competing in?
--

12. What age division do you play in?

13. When is the competition scheduled?

14. How many athletes will be attending?

15. Will you have accommodation costs related to the competition? (e.g. hotel costs)

16. Please provide a brief description about the competition (how did you qualify, how many athletes you will be facing, how many games you will be playing, etc.).

Sporting Event Attendance Funding

Application Certification

I Certify that:

1. That the information contained in this application is true and accurate.
2. I acknowledge that the submission of an application alone does not guarantee funding, and that the provision of funding is dependent upon a review and approval process.
3. I have read the Sporting Event Attendance Funding Guidelines.

Signature of Applicant	
Name of Applicant	
Phone Number	
Email	

For applicants under 18 years of age, a Co-Applicant signature is required.

Signature of Co-Applicant	
Name of Co-Applicant	
Relationship to Applicant	
Phone Number	
Email	

Please keep a copy of this application for your records

FOIP Statement

The personal information is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act*, RSA 2000, c F-25, and is used for administering the Town's grant funding programs. If you have any questions regarding the collection and use of your personal information, please contact the Town's FOIP Coordinator at (780) 826-3496.