

FN-24-099 SPORTING EVENT ATTENDENCE FUNDING
APPLICATION FORM - ORGANIZATIONS



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

Organization Information

1. Incorporated Legal Name of Organization:
2. Organization Email:
3. Organization Phone Number:
4. Organization Mailing Address:

Primary Contact Person

5. Contact Person:	
6. Contact Email:	
7. Contact Phone:	8. Primary Contact Phone (Cell):
9. What is your relationship to the Organization (parent/coach/team manager/board member)?	

Eligibility Checklist

Does your organization:	(Yes/No)
10. Is your team based in the Town of Bonnyville?	
11. Is the competition you are attending outside the Town of Bonnyville?	
12. Is the competition you are attending provincial, national or international in scope?	
13. Is your team's place secured in the competition (have you already qualified)?	
14. Is the age bracket your team is competing in either under 18 or over 65?	

To qualify, all answers must be yes

Request Details

15. What is the name of the team you play for?
16. What age division do you play in?
17. When is the competition scheduled?
18. Where is the competition taking place?
19. How many players from your team will be attending?
20. Will your team have accommodation costs related to the competition? (e.g., hotel costs)?
21. Please provide a brief description about the competition (how did you qualify, how many teams you will be facing, how many games you will be playing, etc.).

**Sporting Event Attendance Funding
Organization Application Certification**

I Certify that:

1. The information contained in this application is true and accurate.
2. I am duly authorized on behalf of the applicant organization to submit this application, and that the organization is in support of this application.
3. 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.
4. I have read the Sporting Event Attendance Funding Guidelines.

Organization Name	
Signature of Authorized Representative	
Name of Authorized Representative	
Title of Authorized Representative	
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.