



CITY OF KAMLOOPS

SUMMER GAMES SPORT DEVELOPMENT FUND

KAMLOOPS 2006



BC SUMMER GAMES

GRANT APPLICATION

Date of Application: _____

Local Sport Organization: _____

Address: _____ Postal Code: _____

CONTACT PERSON(S):

(1) Name: _____ Position: _____

Phone: (Home) _____ (Business:) _____

(2) Witness/Supporter: _____ Position: _____

Phone: (Home) _____ (Business:) _____

GENERAL INFORMATION:

(1) Name of course/program: _____ Registration Fee:\$ _____

(2) Date(s): _____

(3) Location of event(s): _____

(4) **Number of participants deriving direct benefit through this application: _____

(5) Previous certification (pre-requisites): _____

(6) Can this training be conducted in Kamloops (for multiple persons)? _____

(7) Total expected (or actual) expenses for this trip: \$ _____

(Submit Revenue and Expenditure form as supplied with application.)

(8) How will this training opportunity impact sport development in Kamloops?

(9) Amount requested from Summer Games Sport Development Fund: _____

(10) Previous funding from Summer Games Sport Development Fund:
Amount: \$ _____ Year 20 _____

Amount: \$ _____ Year 20 _____

(11) To the best of my knowledge, the above statements are true as of the date of this application.

Signed: _____
Applicant or Organization Executive Member