

BCAA PROJECT and TRAVEL GRANT APPLICATION

DATE OF APPLICATION _____
APPLICANT'S NAME _____
ADDRESS _____ CITY _____
HOME PHONE _____ WORK PHONE _____ FAX _____
EMAIL _____
NAME OF EVENT or PROJECT _____
LOCATION _____
DESCRIPTION _____

APPLICANT'S HOME CLUB AFFILIATION _____
NAME OF COACH _____ PHONE _____
LEVEL OF EVENT (circle) : Zone/Regional Provincial National International
Other _____
NUMBER OF PARTICIPANTS EXPECTED AT EVENT _____
DATES OF TRAVEL: From _____ To: _____
QUALIFYING EVENTS UNDERTAKEN (attach list if necessary)

BUDGET PROJECTIONS FOR EVENT

Please provide as much detail as possible in your financial plan (attaché a page if necessary).

EXPENSES

Travel \$ _____
Accommodation \$ _____
Meals @ \$20.00 per day \$ _____
Other expenses (describe):
_____ \$ _____
_____ \$ _____
Total expenses for event \$ _____

REVENUES

In Province Travel Program \$ _____
Provincial government \$ _____
Donations \$ _____
Fund-Raising \$ _____
Other Revenue (describe, e.g. car pooling)
_____ \$ _____
Total Revenue for event \$ _____

Application amount \$ _____

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

SIGNATURE OF APPLICANT _____

(GUARDIAN IF APPLICABLE) _____

office use only

APPROVAL (Y/N) \$ _____ DATE _____

SIGNATURE OF BCAA DELEGATE _____

C.C. BCAA Treasurer