

Community Development Grant Program – Athletic Excellence Grant Application

Section 1 – Organization Information			
Sport Organization Name:			
Organization Address:			
President Name:		Alternate Contact:	
Phone:		Phone:	
Email:		Email:	
<p>Application is for a <input type="checkbox"/> team <input type="checkbox"/> individual athlete. Complete Section 3 for Team Application. Complete Section 4 for Athlete Application.</p>			
Section 2 – Event Information			
Name of Event:			
Date of Event:			
Location of Event:			
Type of Event and Funding Amount			
<input type="checkbox"/> Provincial Championships - \$150.00			
<input type="checkbox"/> National Championships - \$250.00			
<input type="checkbox"/> World Championships & Major International Games - \$400.00 in North America/\$500.00 outside			
Please indicate how the team or athlete has qualified for the competition.			
Section 3 – Team Information			
Team Name:			
Age Division:			
Number of Team Members:			
Coach's Name:			

Name of Team Contact Person:			
Team Contact Address:			
Phone:		Email:	
Section 4 – Athlete Information			
Athlete Name:			
Guardian's Name (if athlete is under the age of 18):			
Sport:			
Athlete Address:			
Athlete/Guardian Phone:		Email Address:	
Coach's Name:			
Section 5 – Athletic Achievements			
Please indicate the highest level of achievement in your sport, years participated and results (include all performances, if applicable, from the following: World Championships, Commonwealth Games, Pan-Am Games, World Cup Circuit, Canada Games, National Championships, Western Canadian Championships, Provincial Championships):			
Section 6 – Allocation of Funds			
If approved, what will the funds be used for? Please itemize your expenditures and list who is paying for these expenses:			
<u>List of Travel Expenses</u>		<u>Who is Covering the Cost</u>	

Section 7 – Additional Information

Additional comments or details not captured in the report:

Section 8 – Statement

We, the undersigned, declare the information in this application to be accurate to the best of our knowledge.

Athlete's / Team's Rep Name (please print)

Signature

Guardian's Name (if athlete is under 18 (please print)

Signature

Coach's Name (please print)

Signature

Date (mm/dd/yyyy):

Submission Instructions

Completed applications must be returned to the attention of the Clerk's Department.

clerks@ingersoll.ca

Town of Ingersoll
Attention: Clerk
130 Oxford St., 2nd Floor
Ingersoll ON

Alternative formats of this application will be made available upon request. Please contact the Clerk's Department by calling (519) 485-0120 or email: clerks@ingersoll.ca or visit 130 Oxford St., 2nd Floor, Ingersoll, ON.