



MUNICIPALITY OF THE COUNTY OF PICTOU RECREATION PROGRAM GRANT APPLICATION

ORGANIZATION			
CONTACT PERSON		TITLE	
MAILING ADDRESS		PHONE #	(home)
			(work)
MISCELLANEOUS: e-mail address, web site, cell #, etc.			

Is your organization incorporated under the Societies Act and registered through the Registry of Joint Stock Companies? YES _____ NO _____

Does your organization own the property in question? YES _____ NO _____

Describe the program to be funded: _____

REGISTRATION DATA	
TOTAL NUMBER OF PARTICIPANTS	
TOTAL NUMBER FROM THE COUNTY (Rural)	
NUMBER OF VOLUNTEERS	
FACILITY USE:	Hours Per Week
	Number of Weeks
REGISTRATION FEE (PER PERSON)	

Please provide information on the expenses and revenues of the program on the next page. Attach any additional information that you feel may be important to this request.

PROGRAM EXPENSES	
Facility Rental	
Instructor/Coaching Services	
Tournament(s)	
Administration	
Other	
TOTAL	

PROGRAM REVENUES	
Registration	
Grants (Specify Source)	
Tournament(s)	
Fundraising	
Other	
TOTAL	

I, the undersigned, hereby certify that the information supplied in this application is, to the best of my knowledge, exact and that the program has received the approval of the organization I represent.

NAME:	POSITION:
ADDRESS:	PHONE #'s _____(home) _____(work)
SIGNATURE:	DATE:

****NOTE**** - Please attach a list of County residents involved in the program and the community in which they reside.