

MUNICIPALITY OF THE COUNTY OF PICTOU RECREATION START-UP GRANT APPLICATION

ORGANIZATION			
CONTACT PERSON		TITLE	
MAILING ADDRESS		PHONE #	(home)
			(work)
MISCELLANEOUS: e-mail address, web site, cell #, etc.			
Please provide an outli	ne on the purpose of your orga	inization:	
What activities do you p	plan to provide to the communi	ty?	
NAME (Please Print)			
SIGNATURE:		DATE	<u> </u>
	FOR OFFICE USE ONI	LY	
DATE RECEIVED:	ACCEPTED	(Va	(NO)