

Sponsorship Committee Application Form

Date Received:	Date Reviewed:
Applicant Type:IndividualTean	n Elite/ProfessionalOrganization
Legal Name (Individual/Team/Organization):	
Contact Name:	Phone#:
Treaty Number:	Email:
Team Applicants to provide a list/roster (Names & Treaty Numbers): ATTACH LIST OF NAMES	
Mailing Address (Individual/Team/Organization):	
Name of Project/Activity/Function:	
Date of Project/Activity/Function:	
Amount Requested: \$ To	tal Costs project/activity/function: \$
Individual/Team/Organization cheque is payable to:	

Purpose of Project/Activity/Function: (Provide supporting documentation of event- along with financial budget breakdown)

Fundraising efforts made to date, please explain: (50% of request must be fundraised)

What other Organizations have donated to the Project/Activity/Function:

After Event: Receipts and Expenditure Report must be handed in, no later than 2 weeks after event. Failure to do so will affect the applicants' chances for applying for funding in future fiscal years.

If the event does not occur, the funding amount received must be returned in order to be considered for future funding.

Applicant Signature

Co-applicant Signature (for Organizations Only)

COMPLETED APPLICATION MUST BE DROPPED OFF AT THE ADMINISTRATION (BAND) OFFICE, ATTN: FINANCE DEPT.

THE SPONSORSHIP COMMITTEE MEETS ON THE FIRST THURSDAY OF EACH MONTH. APPLICATION MUST BE SUBMITTED NO LATER THAN THE 15TH OF THE MONTH BEFORE THEY MEET.