



SPORT HOSTING FUND APPLICATION

Date(s) of Sports Event: _____

Name of Sports Event: _____

Location of Sport Event: _____

Applicant Organization: _____

Mailing Address: _____

Phone: _____

Fax: _____

Postal Code: _____

Contact Person: _____

Daytime Phone: _____

Mailing Address: _____

Home Phone: _____

Cellular Phone: _____

E-mail: _____

Postal Code: _____

Fax: _____

Provide a brief description of your organization and indicate if it is a non-profit or charitable organization:

Event Description:

Describe the benefit of this event to the community:

Any special request/items:

Explain briefly the nature of the event for which financial assistance is requested (ex: Opening Ceremonies, Awards Presentation, Banquet, Transportation, etc.):

How will this grant enhance or improve the tournament experience?

If you are successful in receiving this grant how will you recognize the town in promotional material?

Have you previously received a grant from us?: Yes No

Grant Amount Requested: _____ (Maximum contribution \$1000)

Event Details

Type of Event: (ex: hockey, soccer, etc.)	_____	Anticipated facility costs:	_____
Age group(s):	_____	# of Spectators:	_____
# of Teams:	_____	# of Officials:	_____
# of Teams from out of town:	_____	Partner Organizations:	_____
# of Participants:	_____	# of Volunteers:	_____
# of Out of Town Participants:	_____	Type of media coverage:	_____

Competition Level: Provincial Atlantic National International

Have you booked the facility? Yes No

Who is your contact for your facility rental?: _____

If unsuccessful in obtaining the grant will you still be able to host this event?: Yes No

Has your organization hosted this event before: Yes No

If yes, when: _____

Event Budget: _____
Please attach list of sponsors or potential sponsors

Budget			
Earned Revenue	Projected	Confirmed	Totals
Registration Fees			
Sponsorship			
Fundraising			
Admission/Ticket sales			
Concession Sales			
Donations			
Federal/Provincial Grants			
Other			
Sub-total earned revenue:			(A)
Event Expenses			
Facility/ Venue Rentals			
Facility/Venue Preparation			
Publicity/Promotion			
Fundraising			
Equipment Purchase/Rent			
Officials - Travel			
Officials - Accommodations			
Officials - Fees			
Concession Supplies			
Security			
Honoraria			
Traffic Control			
Volunteer Support			
Other			
Sub-total event expenses:			(B)

(A) - **(B)** = **(C)**

Accommodations

- # of rooms booked at the Amsterdam Inn : _____
- # of participants traveling from out of town up to 120km : _____
- # of participants traveling more than 120km in NB: _____
- # of participants traveling from more than 120km from another province: _____
- # of spectators staying overnight: _____
- # of spectators traveling from out of town up to 120km : _____
- # of spectators traveling more than 120km in NB: _____
- # of spectators traveling from more than 120km from another province: _____

I, _____ am the person authorized to execute documents on behalf of _____ (the applicant organization).

The applicant organization does hereby agree to indemnify and save harmless the Town of Quispamsis in respect to any and all claims, demands, suits and costs arising out of any act or omission of the organizer or of any servant, agent or officer of the organizer arising out of or resulting from the use of the site/route by the organizer.

Signature: _____

Date: _____



Forms may be submitted by mail to:

Dana Purton Dickson
Community Services Department
Town of Quispamsis
P.O. Box 21085
Quispamsis, NB E2E 4Z4

or by fax to: (506) 849-5799

or by e-mail to:
dpurtondickson@quispamsis.ca

T: (506) 849-5750

Applications must be completed, signed by an authorized representative and submitted at least thirty (30) days in advance of the event to ensure adequate time for review and consideration.