

## **SPORTS HOSTING FUND APPLICATION**

Organization Name:					
Contact Name:					
Address:					
Phone Number:		Email:			
Are you a Non-Profit or Charitable Organiza		tion:	Yes □	No 🗆	
Event Details					
<b>Event Name:</b>					
<b>Event Description:</b>					
Competition Level:	Regional $\square$	Atlantic	National		
Date(s) of the Event:					
Type of Event:		# of Coaches:			
Age Group(s):		# of Volunteers:			
# of Teams:		# of Spectators:			
# of Participants:		# of Officials:			
Proposed Event Facility or Venue:					
Anticipated Facility Costs:					
Total # of anticipated hotel nights:					
Partner Organizations:					



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Have you hosted this event before?	Yes □	No 🗆	When:	
Please describe the benefits of this event to the community:				
How will this grant enhance or improve the tournament experience?				
Will there be media coverage for the event, if so what kind:				
How will you recognize the town in promoti	onal mate	rial?		
How will you recognize the town in promotional material?				
Additional Information:				
Additional information:				



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Forms may be submitted via email to <a href="mailto:info@quispamsis.ca">info@quispamsis.ca</a> or dropped off at Town Hall – 12 Landing Court Quispamsis, NB

Application must be completed and 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.

l,	am the person authorized to execute documents
on behalf of	(the applicant organization).
The applicant organization does h	nereby 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 o	organizer or of any servant, agent or officer of the
organizer arising out of or resultin	ng from the use of the site/route by the organizer.
Signature:	Date: