

TRAVEL ASSISTANCE APPLICATION FORM

WCC POLICY PROGRAM:

SPORT AND SKILL DEVELOPMENT - TRAVEL ASSISTANCE

Due dates
Application #1 January 15.2011
Application #2 March 30.2011

Whitehorse Curling Club – TRAVEI Team Name:		PLICATION FORM
Name of Applicant:		
Mailing Address:		
Postal Code:Email	Address:	
Telephone (h):	(other)	
NOTE: In making this applic terms and conditions of the Club police		
☐ Check only one: Application for _	Intermediate Curlers or _	Carded Competitive
Please attach a copy of the following Draft Budget: this application requand event registration. You will need Assistance cheque Team interests and accomplishin background List all team members: names are one or two years of involvement as a Overview of team goals for the second	uires a summary of expected co to provide receipts prior to rece nents: demonstrate/list your m nd years of curling experience a volunteer for the Club	eiving the Travel ost recent curling and indicate your past
Event:		
Event dates:		
Location:		
Doing your part The Whitehorse Curling Club appreciand special events to the other teams office prior to your departure to pick useason. Note: if awarded funds, you are requisummary after return from the event of Your application may be dropped at the summary after return from the summary after return from the event of Your application may be dropped at the summary after return from the summar	s and organizers at these desting WCC posters and other information of the provide receipts as noted describing the event and your provide receipts as noted and your provide receipts as noted and your provide receipts as noted and your provide receipts and your provide receipts as noted and your provide receipts	nations. Please contact our rmation to promote our curling d above and a brief written
Trav	vel Assistance Committee	
\	Whitehorse Curling Club 300-1 Sumanik Drive	
V	Vhitehorse, Y.T. Y1A 6J6	
Committee Approval – Chairperson	Date	Amount
Or declined:		
rationale		