



Shawnigan Lake Business Association Community Support Application Form

Please print clearly and complete in full. This application form must accompany a covering letter.

APPLICATION DATE

NAME OF APPLICANT OR ORGANIZATION

ADDRESS

CITY

PROV.

POSTAL CODE

PHONE NO.

KEY CONTACT NAME & TITLE

DAYTIME PHONE NO.

FAX

EMAIL ADDRESS

NAME OF EVENT/PROJECT

BRIEF DESCRIPTION OF EVENT/PROJECT

DATE OF EVENT/PROJECT TIME

LOCATION

WHAT IS THE PURPOSE OF YOUR EVENT/PROJECT?

WHO WILL IT BENEFIT?

HOW WILL YOU MEASURE THE SUCCESS OF YOUR PROJECT OR EVENT?

WHAT IS YOUR BUDGET FOR THIS EVENT? HOW MANY PEOPLE WILL ATTEND? HOW MANY VOLUNTEERS WILL COORDINATE?

HAVE YOU RECEIVED SUPPORT FROM THE SLBA IN THE PAST? IF YES, WHAT/HOW MUCH?

Declaration:

I, _____, AM THE AUTHORIZED REPRESENTATIVE

OF _____ (NAME OF ORGANIZATION)

TO THE BEST OF MY KNOWLEDGE THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION FORM IS CORRECT. IF THE SLBA AGREES TO APPROVE THIS APPLICATION, IT WILL BE USED EXCLUSIVELY FOR THE PURPOSES DESCRIBED.

SIGNED: _____ POSITION _____ DATE _____