

Organization Request

Date of Request: _____ Time Sensitive: ___ Yes ___ No
 Contact Person: _____ Telephone: _____
 Cell: _____ Home: _____
 Email: _____
 2nd Contact Name: _____ Telephone: _____
 Name of Organization: _____ Project/Event/Program: _____
 Mailing Address: _____ City: _____ P/C: _____

What is the purpose for these funds? (Please be specific and include a budget on how these funds will be used)

Please add additional information that will be helpful to this application.

What other funding sources have you requested, please list?

Have you applied, received, or will be receiving any funds from BC Gaming? ___ Yes ___ No

Registered Society or Business # _____ Total Funds Requested \$ _____

Please attach any other information/documents that will assist with your funding request.

You will be contacted within 7 business days after our business meeting every third Thursday of each month, except July and August.

Category of Request: ___ Community Group/Organization ___ Individual Sports ___ Misc./Other Funds ___ Team Sports
 Optimist Member: _____ Date of Request: _____
 Date of Meeting: _____ Passed: ___ Yes ___ No
 Reason: _____ Tabled until: _____
 Pay to the Order of: _____ Cheque No. _____
 Amount: \$ _____ Account: ___ General ___ Gaming Member will deliver: ___ Yes ___ No
 Mailing Address: _____ City: _____ P/C: _____