



Recreation & Cultural Services
 Sport Kelowna Centre
 645 Dodd Road
 Kelowna, BC V1X 5H1
 250 469-8504

Sport Education Grant

2008 BC Summer Games Legacy Grant Application

ORGANIZATION INFORMATION

| | |
|-------------------------------|-------|
| Local Sport Organization Name | |
| | |
| Address | |
| | |
| President | Phone |
| | |
| Alternate Contact | Phone |
| | |
| BC Society # | |
| | |

APPLICANT INFORMATION

| | | |
|---------------------|------|------|
| Name of applicant | | |
| | | |
| Address | | |
| | | |
| Phone - Home | Work | Cell |
| | | |
| Email | | |
| | | |
| Date of application | | |
| | | |

Is this application for a coach, official, sport organization or other? (If you indicated "other", please list who the application is for)

Coach
 Official
 Sport Organization
 Other:

Please indicate previous courses/seminars that you have participated in or that your sport organization has offered (include all applicable certifications):

TRAINING REQUEST

| |
|----------------------------|
| Name of Course/Seminar |
| |
| Date of Course/Seminar |
| |
| Location of Course/Seminar |
| |

Please indicate how this training opportunity will benefit you, your sport organization, and/or sport development in Kelowna

ALLOCATION OF FUNDS

| |
|------------------|
| Amount Requested |
| |

If approved, what will the funds be used for? Please itemize your expenditures and list who is paying for these expenses.

| Expenditures | Who is covering these costs? |
|--------------|------------------------------|
| | |
| | |
| | |
| | |
| | |

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|--------------------|
| Any other comments |
| |

STATEMENT

I declare the information in this application is accurate:

Applicant Name (please print)

Signature

Sport Organization Contact (please print)

Signature

Date (YY/MM/DD)

Please complete the application form and submit to:
Sport Kelowna Centre
 Attention: SEG Review Team
 645 Dodd Road
 Kelowna, BC V1X 5H1
 Fax #: 250-862-3327

