## **BCAA PROJECT and TRAVEL GRANT APPLICATION**

DATE OF APPLICATION			
APPLICANT'S NAME			
ADDRESS	CTTY		
HOME PHONE	WORK PHON	EFAX	
EMAIL			
NAME OF EVENT or			
DDOJECT			
LOCATION			
DESCRIPTION			_
APPLICANT'S HOME CLUB	AFFILIATION		
NAME OF COACH		PHONE	
LEVEL OF EVENT (circle):	Zone/Regional Pr	PHONE_ ovincial National International	
Other			
NUMBER OF PARTICIPANT	S EXPECTED AT 1	EVENT	
DATES OF TRAVEL: From _	To:		
QUALIFYING EVENTS UNI			
	(	, , , , , , , , , , , , , , , , , , ,	
Please provide as much de EXPENSES Travel Accommodation Meals @ \$20.00 per day Other expenses (describe):	ss \$ \$\$	Pur financial plan (attaché a page i REVENUES  In Province Travel Program Provincial government Donations Fund-Raising Other Revenue (describe, e.g. c	\$ \$ \$ \$
<b>Total expenses for event</b>	\$	Total Revenue for event	\$
Application amount \$			
To the best of my knowledge, t	the above statements	are true as of the date of this applie	cation.
SIGNATURE OF APPLICAN	T		
(GUARDIAN IF APPLICABL	E)		
office use only			
APPROVAL (Y/N) \$		DATE	
SIGNATURE OF BCAA DEL	EGATE		
C.C. BCAA Treasurer			