

SPORT TRAVEL PROGRAM

REGION OF QUEENS MUNICIPALITY

Request for Assistance

Contact Details

1. Team/Individual: _____
2. Name of Contact: _____
3. Relationship with Team/Athlete : _____
4. Address: _____

5. Phone: (w) _____ (h) _____
(fax) _____ (e-mail) _____

Event

Please provide full details of the event for which funds are being requested, including information on the competition in which the right to represent Nova Scotia was awarded:

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Financial Details

Please provide complete financial information on the costs associated with attending this event, including all revenue sources if appropriate:

Expenditures:

Travel:

Accommodations:

Meals:

Other (please specify)

Total:

Amount Requested:

Signature

Revenues:

Athletes:

Fundraising:

Other Sources:

Total:

Date

Please Read the Following Carefully:

As a condition of application, I have attached a letter from the appropriate Sport Governing Body acknowledging the team mentioned has won the right to represent Nova Scotia through a sanctioned event.