

Additional Information

Resident of Welland Non-Resident Team based in Welland YES NO

Name of School presently attending (if applicable) _____

Other sources of funding YES NO Explanation: _____

List Fundraising efforts: _____

Sport Governing Body for your activity:

Name _____

Address _____ City _____ Postal Code _____

Competition Details

Name _____ Location _____

of Kilometers from Welland _____ (must exceed 300 km one way)

Dates of Competition _____

Estimated cost of your or Team's participation _____

How will the City of Welland's assistance be recognized? _____

Signature of Applicant

Date

**PLEASE SUBMIT THE COMPLETED FORM
6 WEEKS PRIOR TO THE EVENT/COMPETITION TO:**

"General Manager, Financial & Corporate Services"

City of Welland
60 East Main Street
Welland, Ontario
L3B 3X4

FOR OFFICE USE ONLY

Date Received _____ Date Reviewed _____

Assistance Granted YES NO Authorization _____

TOTAL AMOUNT OF ASSISTANCE PROVIDED \$ _____

Recipient Contacted _____ Initial

_____ Date