

**Guysborough Municipal Recreation  
Application for Assistance  
Community Halls**

Name of Community Hall \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Position: \_\_\_\_\_

Mailing Address \_\_\_\_\_

How often is the Community Hall used:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of Recreation Programs / Functions are held in the Community Hall:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What benefits are there for having an operational Community Hall in your area:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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EXPENSES (Anticipated)

COSTS:

1. \_\_\_\_\_

\$ \_\_\_\_\_

2. \_\_\_\_\_

\$ \_\_\_\_\_

3. \_\_\_\_\_

\$ \_\_\_\_\_

REVENUE (Anticipated)

1. \_\_\_\_\_

\$ \_\_\_\_\_

2. \_\_\_\_\_

\$ \_\_\_\_\_

3. \_\_\_\_\_

\$ \_\_\_\_\_

Have you contacted any other Government Department, Agency or Association for assistance?  
YES or NO (Please circle). If YES please specify:

\_\_\_\_\_  
\_\_\_\_\_

Amount of assistance requested from the Municipality of the District of Guysborough's  
Recreation Department \$ \_\_\_\_\_

Additional Comments in support of your application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return application form to:  
Angie Tavares, Recreation Director  
33 Pleasant Street, PO Box 79,  
Guysborough, Nova Scotia  
BOH 1N0**