

**GUYSBOROUGH MUNICIPAL RECREATION  
APPLICATION FOR ASSISTANCE  
Elite Athlete Assistance**

**Agency Applying:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

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

**Phone Number: Home:** \_\_\_\_\_

**Office:** \_\_\_\_\_

**Name (s) of athlete (s):** \_\_\_\_\_  
\_\_\_\_\_

**Performance Record (s):** \_\_\_\_\_  
\_\_\_\_\_

**Potential:** \_\_\_\_\_  
\_\_\_\_\_

**Reason for Application**

**Projected Dates**

- |  |       |
|--|-------|
| <input type="checkbox"/> Travel to special competition                     | _____ |
| <input type="checkbox"/> Attendance at a training camp                     | _____ |
| <input type="checkbox"/> Attendance at a national camp                     | _____ |
| <input type="checkbox"/> Invitation to take part in an international event | _____ |
| <input type="checkbox"/> Assistance for training                           | _____ |
| <input type="checkbox"/> Other (please specify) _____                      | _____ |

# GUYSBOROUGH MUNICIPAL RECREATION APPLICATION FOR ASSISTANCE Elite Athlete Assistance

Description of reason for application

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**EXPENSES (Anticipated)**

**COSTS:**

ie; travel \_\_\_\_\_

\$300.00 \_\_\_\_\_

1) \_\_\_\_\_

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

2) \_\_\_\_\_

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

3) \_\_\_\_\_

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

**TOTAL: \$** \_\_\_\_\_

**REVENUE (Anticipated)**

**REVENUES COLLECTED:**

ie; sponsorship \_\_\_\_\_

\$100.00 \_\_\_\_\_

1) \_\_\_\_\_

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

2) \_\_\_\_\_

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

3) \_\_\_\_\_

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

**TOTAL: \$** \_\_\_\_\_

Amount Requested from Department

**TOTAL: \$** \_\_\_\_\_

**OFFICE USE ONLY**

Amount: Requested \_\_\_\_\_  
 Recommended \_\_\_\_\_  
 Approved \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please Return Completed Application to:  
 Philip Hochman, Recreation Director  
 P.O. Box 79, Guysborough, N.S. B0H 1N0  
 Phone: 533-3508 ext. 223  
 email: phochman@modg.ca

