



Recreation & Cultural Services  
 Sport Kelowna Centre  
 645 Dodd Road  
 Kelowna, BC V1X 5H1  
 250 469-8504

# Athletic Excellence Grant

## Grant Application

### ORGANIZATION INFORMATION

Sport Organization Name	
Address (City, Province, Postal Code)	
President	Phone
Alternate Contact	Phone
BC Society #	
Is this application for a team or individual athlete? <i>Complete the appropriate section below.</i>	
<input type="checkbox"/> Team <input type="checkbox"/> Athlete	

### EVENT INFORMATION

Name of Event
Date of Event
Location of Event
Funding Amount Requested
Please indicate how your team or athlete has qualified for the competition

### TEAM INFORMATION

Team Name		
Age Division	# of team members	
Coach Name		
Team Contact Person		
Team Contact Address (City, Province, Postal Code)		
Phone - Home	Work	Cell
Email		

### ATHLETE INFORMATION

Athlete Name		
Sport		
Athlete Address (City, Province, Postal Code)		
Phone - Home	Work	Cell
Email		
Coach Name		

Please indicate highest level of achievement in your sport, years participated and results (include all performances - if applicable - from the following: World Championships, Commonwealth Games, Pan-Am Games, World Cup Circuit, Canada Games, National Championships, Western Canadian Championships, Provincial Championships):

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**ALLOCATION OF FUNDS**

If approved, what will the funds be used for? Please itemize your expenditures and list who is paying for these expenses:	
List of Travel Expenditures:	Who is covering these costs?

Any other comments

**STATEMENT**

I declare the information in this application is accurate:

\_\_\_\_\_  
Athlete/Team's Rep Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Sport Organization Contact (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Coach's Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (YY/MM/DD)

Please complete the application form and submit to:  
Sport Kelowna Centre  
Attention: Athletic Excellence Review Team  
645 Dodd Road  
Kelowna, BC V1X 5H1  
Fax #: 862-3327