



Active Living & Culture
 Event Services
 1800 Parkinson Way
 Kelowna, BC V1Y 4P9
 kelowna.ca

Event Hosting Program

Application Form

APPLICANT INFORMATION

Organization name	
Contact name	Position
Primary phone	Secondary phone
Email	BC Society # (if applicable)
Mailing address	
City, Province	Postal Code

EVENT INFORMATION

Name of event	
Date of event	Bid deadline
Location of event	
Has the event been confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the event venue booked? <input type="checkbox"/> Yes <input type="checkbox"/> No

Is this event a tournament? If yes, complete this section.	
<input type="checkbox"/> Invitational <input type="checkbox"/> Regional <input type="checkbox"/> Provincial <input type="checkbox"/> Western Canadian <input type="checkbox"/> National <input type="checkbox"/> World	
What governing body sanctions this tournament?	

Event description (50 – 100 words):

Event website	Years event has been hosted in Kelowna
Participants	Spectators
Out-of-town attendance (100km away)	Number of volunteers

Describe your volunteer needs and how they will be met.

EVENT DEVELOPMENT

General media coverage for this event:

- | | | | |
|--------------------------------|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Local | <input type="checkbox"/> Regional | <input type="checkbox"/> National | <input type="checkbox"/> International |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Social/Web | <input type="checkbox"/> TV/Stream |

Explain how this event will develop in the coming years and how the community will benefit from it.

<p>What is the estimated economic impact?</p>	
<p>What type/level of community support are you anticipating?</p>	
<p>What are the characteristics that make this tournament unique?</p>	
<p>How will your event showcase Kelowna?</p>	
<p>How will this event support community values & contribute to ongoing legacies?</p>	

FUNDING REQUEST

Describe other sources of funding received or being pursued for this event.

Total revenue projected for event? <i>(Numerical characters only)</i>	
Total expenses for event? <i>(Numerical characters only)</i>	
Grant funding amount requested? <i>(Numerical characters only)</i>	

Intended use of the requested funds:

- | | | |
|---|--|---|
| <input type="checkbox"/> Bid/hosting fees | <input type="checkbox"/> Bid preparation | <input type="checkbox"/> Leveraged/matching funding |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Social/Web |

If other, please describe.

BUDGET *(Numerical characters only)*

Revenue	Projected	Actual
Earned Revenue		
Registration / Admission fees		
Concession sales		
Fundraising (gross)		
Donations		
Other		
Grants		
City of Kelowna funds		
Provincial funds		
Federal funds		
Other		
Total Revenue (Line A)		

Expenses

Operating		
Wages		
Rent		
Insurance		
Accounting		
Office supplies/equipment		
Postage/freight		
Communications (i.e. phone, internet, etc.)		
Other		
Event		
Officials fees		
Officials travel		
Venue rental		
Venue logistics (i.e. infrastructure, etc.)		
Marketing		
Fundraising expense		
Concession – cost of sales		
Security / RCMP		
Ambulance / First Aid		
Traffic Control		
Honorariums		
Other		
Total Expenses (Line B)		

Difference between Revenues & Expenses		
Grant Application Amount		

STATEMENT

I declare the information provided in this application is accurate.

Print name of Representative completing this form	Name of Organization
Signature	Date

Two board member endorsements

Print name of Board Member	Chair position
Signature	Date

Print name of Board Member:	Chair position
Signature	Date

Applications will be accepted year-round and reviewed two (2) times per year; March and September (pending available funds).

Please submit your completed application, in person:

Parkinson Recreation Centre
 1800 Parkinson Way
 Kelowna, BC
 Attention: Chris Babcock

Or, via email:

cbabcock@kelowna.ca