



Date Of Submission: \_\_\_\_\_  
(must be at least 30-days prior to event/competition)

Date Received  
(for internal use)

### SPECIAL EVENTS & COMPETITIONS ASSISTANCE GRANT APPLICATION

Urban Environment & Recreation Advisory Board  
c/o Parks & Recreation Department, City of Medicine Hat

APPLICATION FOR:  ATTENDING A COMPETITION  
 HOSTING A COMPETITION  
 HOSTING A SPECIAL EVENT/PROJECT

NAME OF EVENT: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ LOCATION OF EVENT: \_\_\_\_\_

NAME OF GROUP/INDIVIDUAL: \_\_\_\_\_

CHEQUE PAYABLE TO  
(If different from above) \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

RESIDENT OF MEDICINE HAT YES  NO  \*(you must have resided in Medicine Hat for at least 6 months)

NOT-FOR-PROFIT YES  NO  Not for Profit Registered No.: \_\_\_\_\_ (mandatory)

HAVE YOU RECEIVED THIS GRANT IN THE PAST? IF SO, WHEN AND HOW MUCH:

DESCRIPTION OF THE EVENT (Details of activity and location. Can be attached to application separately as well)

TOTAL NUMBER OF ACTIVE PARTICIPANTS INVOLVED WITH YOUR GROUP/EVENT:

AVERAGE AGE OF ACTIVE PARTICIPANTS?

ESTIMATED TOTAL NUMBER OF THE COMMUNITY INVOLVED IN THIS PROJECT (HOSTING)

- You MUST provide written confirmation from the governing body that you or your group/team has qualified and/or is authorized to represent your region, province or country OR is approved to host the above noted event. This must be attached to the application. Applications will not be considered without this information.
- Please ensure that you read the full "Grant Guidelines" before submitting your application.
- The City of Medicine reserves the right to refuse any application it deems incomplete or not in compliance with the grant guidelines or criteria.

AMOUNT YOU ARE REQUESTING: \$ \_\_\_\_\_ (cannot exceed max. allowed)

Authorized Signature: \_\_\_\_\_

