



City of Richmond
 Parks, Recreation and Cultural Services
 5599 Lynas Lane
 Richmond, BC V7C 5B2

Summer Games Legacy Trust Fund Application Form

(604) 233-3305 Fax (604) 244-1242

Applicant Name: _____ Age: _____
 Unit No: _____ Street No: _____ Street Name: _____
 City: _____ Prov: _____ Postal Code: _____
 Home Phone: () _____ Fax Number: () _____
 E-Mail: _____
 Work Phone: () _____ Cell Phone: () _____
 E-Mail: _____

Competition Attending: _____

Dates of Event: _____ **Event Location:** _____

What competition directly lead you/your team to become eligible to attend this event:

How will you travel? (plane, bus, vehicle, train, etc.): _____

The number of individuals in the organization who will be competing in this event for which funding assistance is requested: _____

A. Transportation Expenses:	Detail	Cost
	_____	_____
	_____	_____
		Total: _____

B. Accommodation Expenses:	Detail	Cost
	_____	_____
	_____	_____
		Total: _____

Was host billeting offered?: _____ Total: _____

C. Revenues:
 Parent Organizations: _____
 Other Sources: _____

D. Have you applied/receiving any funding from your organisation or B.C. Lotteries? _____
 Are any of these revenues earmarked for specific costs? _____
 Please explain: _____
 _____ Total: _____

To Be Completed by an Executive Member of the Local Sports Organization
*I hereby certify that the above application details are correct as presented
 and that the applicants are eligible for funding assistance.*

Name: _____ Title: _____
 Address: _____ Phone No: () _____
 Postal Code: _____ Date: _____ Signature: _____