

GUYSBOROUGH MUNICIPAL RECREATION APPLICATION FOR ASSISTANCE

**Name of Organization,
Association or Club** _____

Address: _____

Contact Person: _____

Position: _____

Mailing Address: _____

Brief description of program - Please list the following where appropriate:

Location of Program: _____

Duration of Program: _____

People Involved
ie; ages, etc. _____

Continuity of Program:
(Years) _____

Program Leadership Costs: _____

**What benefit will there be for the participants, your organization and or the community?
How will the program develop leadership in your organization?**

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EXPENSES (Anticipated)

ie; building rental _____

1) _____

2) _____

3) _____

COSTS:

\$300.00 _____

\$ _____

\$ _____

\$ _____

TOTAL: \$ _____

REVENUE (Anticipated)

ie; membership dues _____

1) _____

2) _____

3) _____

REVENUES COLLECTED:

\$100.00 _____

\$ _____

\$ _____

\$ _____

TOTAL: \$ _____

Have you contacted any other Government Department, Agency or Association for assistance? YES NO

If YES Please Specify: _____

Indicate results of such request: _____

Amount of assistance requested from the Guysborough Municipal Recreation: \$ _____

Additional comments in support of your application: _____

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

