APPLICATION FORM

PLEASE FILL IN EACH FIELD. IF YOU ARE PRINTING THIS DOCUMENT, PLEASE PRINT LEGIBLY.



Name of Curling Club			
1			
Address (where possible, the phys	sical address in addition to	a Post Office	box number)
2			
City			Province / Territory
3			4
Postal Code	Telephone Number (with area code)		
5	6		
Club's e-mail ADDRESS			
7			
Club's website URL address			
8			
Facebook URL address			
9			
Club's President / Chair			
10			
Name of person submitting a	pplication (if not the Pre	sident / Chair	•)
12			
Email address of person subn	nitting application		
13			
Signature of person submitting (if not the President / Chair)	ng application	Date	
14		15	

CHECK LIST

PLEASE COMPLETE THIS CHECKLIST AND SUBMIT IT WITH YOUR APPLICATION

Attach revenue versus expense statements for the previous two (2) years.
Please describe your customer base for the current season .
Attach the most recent balance sheet (one page). If not available, briefly describe your
cash holdings.
Examples describing how your facility impacts the sport of curling in your community. The examples should include: a) how you recruit new customers; b) how you deliver customer service; and c) other innovations.
A full description of the project with a detailed budget. Please include a minimum of one (1) estimate from a contractor/supplier per each major purchase/renovations (on their business form).
Attach the completed application form with signature(s) (please print or type all information).