

TAMARAC AREA APPLICATION FORM – FINANCIAL ASSISTANCE

APPLYING FOR: TRAVEL ___ EVENT ___ PROV TRAINING ___ CAMPING TRAINING ___

NAME _____
NAME OF INDIVIDUAL/GROUP TRAVELING. (PLEASE ATTACH A LIST OF ALL PARTICIPANTS.)

Position Unit District

CONTACT GUIDER _____
NAME

ADDRESS _____
STREET, PO Box #

City Postal Code

PHONE #: _____

E-MAIL ADDRESS: _____

NAME OF EVENT/CAMP/PROVINCIAL TRAINING: _____

MODE OF TRANSPORTATION _____ DISTANCE _____

Checklist of attachment (s) to be submitted within 60 days of activity:

- List of participants
- Copy of financial receipts
- Report of activity

For **International assistance** only
Send to: Area International Adviser

For all **other** assistance
Send to: Area Treasurer

Applicant's signature: _____

District Commissioner's signature: _____

Total Submitted: _____

Total Assistance Reimbursed: _____

Cheque #: _____