

# Municipality of the District of West Hants Youth Travel Assistance Program

<b>ORGANIZATION:</b>		<b>DATE:</b>	
<b>ADDRESS:</b>		<b>ORGANIZATION CONTACT:</b>	
		<b>POSITION:</b>	
<b>APPLICANTS NAME:</b>		<b>TELEPHONE:</b>	
<b>ADDRESS:</b>		<b>APPLICANTS EMAIL ADDRESS:</b>	
<b>TOTAL NUMBER OF PERSONS TRAVELLING:</b>	<b>TOTAL NUMBER OF COMPETITORS TRAVELLING:</b>	<b>TOTAL NUMBER OF COMPETITORS RESIDING WITHIN THE MUNICIPALITY OF WEST HANTS:</b>	<b>TOTAL AMOUNT REQUESTED:</b>
<b>DESTINATION:</b>		<b>DATE OF DEPARTURE:</b>	
<b>EVENT TO BE ATTENDED:</b>			
<b>PLEASE LIST ALL OTHER SOURCES OF FUNDING FOR THIS TRIP:</b>			
<b>SIGNATURE:</b>	<b>DATE:</b>		
<p><b>** IN SIGNING THIS APPLICATION I CONFIRM THAT I HAVE READ AND UNDERSTAND THE CRITERIA*</b></p> <p><b>A BUDGET OUTLINING REVENUES AND EXPENDITURES FOR THIS TRIP MUST BE ATTACHED FOR CONSIDERATION.</b></p> <p><b>NOTE...IF THIS IS A TEAM/GROUP APPLICATION PLEASE ATTACH A LIST OF THE PLAYERS/PARTICIPANTS NAMES, CIVIC ADDRESSES AND PHONE NUMBERS.</b></p>			