

Appendix B-1



New Brunswick Amateur Sport Fund NATIONAL SPORT TRUST FUND - NEW BRUNSWICK CHAPTER

Fundraising Project Application Form

Organization: _____

Contact Person: _____ Phone: (h) _____

Address: _____ (w) _____

City/Town: _____ Postal Code: _____

E-mail: _____

Name of Fundraising Project: _____

Project Start Date: _____ Completion Date: _____

Project Description: _____

Solicitation materials are attached: [] yes [] no, reason _____

The proceeds from this fundraiser will be used for the following cause(s): _____

Projected amount of money to be raised: \$ _____

Donations will be made via: [] Cash, cheque

[] Gifts in Kind (*please specify*) _____

I have read Appendix B-2, understand the Revenue Canada Guidelines relating to charitable organizations, and agree to abide by the policies and regulations of the NBASF.

Signature of Contact Person

Date

Authorization by Provincial Sport Organization

Date

Position held in Provincial Sport Organization

For office use only:

Approved: _____ Approval #: _____ Authorization: _____