



**MUNICIPALITY OF THE DISTRICT OF CHESTER
YOUTH SPONSORSHIP APPLICATION**

Name of Applicant _____

Name of Parent / Guardian _____

Mailing Address _____

_____ Postal Code _____

Phone _____

Email _____

Are you presently attending school? Yes ____ No ____

If yes, Name of School _____

Grade / Year _____

What sport / activity are you competing in? _____

What is the name of the event in which you are attending? _____

Did you win to compete _____ **OR** were you selected to compete _____

Please provide the date and details of when this occurred:

At which level are you competing? Provincial ____ National ____ International ____

If your application is approved, we require the following details to process funding:

Make Cheque Payable to: _____

Mail Cheque to: _____

_____ Postal Code _____

Please provide date and location of the competition and a brief description of your past involvement in this sport / activity:

BUDGET

Revenue	
Fundraising	
Personal Contribution	
Other	
Other	
<i>Youth Sponsorship Funding (Requested)</i>	
Total	\$
Expenses	
Registration Fees	
Travel	
Other	
Other	
Other	
Total	\$

Please Note - Demand for the Youth Sponsorship Funding varies from year to year, as can the amount of funding available. Applications will be reviewed on a quarterly basis (typically June, September, December & March).

Applicant Signature _____

Parent / Guardian Signature _____

Date _____