

Corporation of the Township of Chapleau

Application Form for Grant Consideration

Date: _____

Name of Group/Organization: _____

Official Contact Person: _____

Address: _____

Telephone Number: _____ (home) _____ (business)

Executive Officers:

	Name	Address	Phone
President	_____	_____	_____
Vice-President	_____	_____	_____
Secretary	_____	_____	_____
Treasurer	_____	_____	_____
Others	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Program Information

a) Number of Participants (last registration) _____
(expected next season) _____

b) Ages of Participants From _____ to _____

c) Registration to be charged to participant: \$ _____ per person
\$ _____ per family

d) Constitution and By-laws of Organization attached: _____
No Constitution and By-laws, please find organization goals attached: _____