## **Corporation of the Township of Chapleau**

Application Form for Grant Consideration

Date:				
Name	of Group/Organization:			
Officia	al Contact Person:			
Addre	ss:			
Telep	hone Number:			
	(h	ome)	(bu	siness)
Execu	tive Officers:			
	Name	Address		Phone
Presid	dent			
Vice-F	President			
Secre	tary			
Treas	urer			
Other	s			
<u>Progra</u>	am Information			
a)	Number of Participants	(last registration	າ)	
		(expected next seasor	າ)	
b)	Ages of Participants	From	to	
c)	Registration to be charged to particp	ant: <u>\$</u>		_per person
		\$		_per family
d)	Constitution and By-laws of Organiza	ation attached:		
	No Constitution and By-laws, please find organization goals attached:			