CANADA

Signature(s)

FAP Form 2

Sail Canada | Voile Canada

Portsmouth Olympic Harbour 53 Yonge Street | rue Yonge Kingston, Ontario Canada K7M 6G4 613.545.3044 www.sailing.ca

Date

Fundraising Approval Request

Applicant Information (please print or type) Name **Address** City, ST, Postal Code Phone 1 | Phone 2 Fax | Email Role in Fundraising **Description of Fundraising** Please provide full details including the who, what, where, when and how. Failure to adequately describe your activity may lead to delay or failure of the application. **Declaration** I (we) have read, understood and agree to Sail Canada's eligibility criteria. I (we) commit to remitting all donations collected to Sail Canada. I (we) agree to follow Sail Canada's tax receipting guidelines