



FAP Form 3

Sail Canada | Voile Canada

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

Application for Financial Assistance

Applicant Information (please print or type)

Name _____

Address _____

City, ST, Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Role in Fundraising _____

Description of Program (attach budget)

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. A full budget must accompany this application.

Declaration

I (we) promise that all monies received from this request will be used as outlined in the above description. I (we) understand that the allocation of support is based on the availability of monies, my (our) participation in Sail Canada fundraising and the importance of the event in Sail Canada's mandate to support sailing. I (we) promise to submit expense claims to Sail Canada in a timely fashion (normally within 30days of the expenditure)

Signature(s)

Date