



APPLICATION FORM 2003

Organization: _____ Location: _____

Telephone/ Fax Number: _____ E-Mail Address: _____

Address: _____ Postal Code _____

Contact Person: _____

PLEASE COMPLETE ALL SECTIONS OF APPLICATION

A) Buildings and Amenities:

1. Describe the building location. _____

(Please attach a photograph of both the interior and exterior of the Island Welcome Centre)

2. Describe identifying signage of the Island Welcome Centre. (HISS, Building or other)

3. a) Is your Island Welcome Centre housed in a separate building? ____ Yes ____ No

b) Is the Island Welcome Centre housed with an existing structure devoted to a related activity? ____ Yes ____ No

If so, please specify: _____

B) Operational:

1. Is your Island Welcome Centre operated: a) Year Round ____ Yes ____ No

OR

b) Seasonal ____ Yes ____ No

2. Please indicate specific dates of operation: _____

Indicate: a) Daily hours of operation: _____

b) Number of weeks of operation: _____

c) Is your centre open 7 days a week? ____ Yes ____ No

If No, please indicate number of days per week: _____

C) Facilities:

1. Does your Island Welcome Centre Offer:

a) Washroom Facilities? ____ Yes ____ No

b) Public Telephone Service? ____ Yes ____ No

2. Does your Island Welcome Centre offer Barrier-free access to the physically disabled?

Entrance Access ____ Yes ____ No

Wheelchair Counter ____ Yes ____ No

Counseling Area ____ Yes ____ No

Barrier-free Washrooms ____ Yes ____ No

D) Staffing:

1. a) What is the total number of employees on staff at your Island Welcome Centre?
During the operating season? _____ At a given time? _____
b) Is it the sole responsibility of these employees to work in the Island Welcome Centre?
_____ Yes _____ No
If No, what other responsibilities are involved? _____

2. Indicate number of staff members who will be attending this years Tourism PEI
Travel Counsellor training.
Managers: _____
Counsellors: _____
3. Indicate number of bilingual employees on staff: _____

E) Disclaimer

I, _____ as the designated representative of _____
(Island Welcome Centre) understand and agree to comply to the guidelines as set forth in the
Island Welcome Centre Program.

(Signed)

(Date)

F) Submission of Application

Personal information on this form is collected under authority of the *PEI Freedom of Information and Protection of Privacy Act* for program administration purposes. Questions regarding the collection or use of this information can be referred to the Director of Tourism Development at 902-368-5540.

Please ensure that you have provided all the information asked for. Add any other details on separate sheets of paper if needed. Be as specific as you can.

Contributions are valid for one year only. **You must apply each year.**

Application must be mailed to the following address no later than **April 15, 2003.**
The postmark will be honored.

Mail to: The Official Island Welcome Centre Program
Tourism PEI
PO Box 2000.
Charlottetown, PEI C1A 7N8

Evaluation (For Office Use Only)			
1.	Meets eligibility criteria	_____ Yes	_____ No
	Received before deadline	_____ Yes	_____ No
2.	Criteria evaluation Score	_____	
	Approved	_____ Yes	_____ No
	Signature:	_____	Date: _____