

ANNEX ISSE 2
Sport Canada – Hosting Program 2005-2006/2007
General Application Form

Name of Event (as per IF calendar)			
Date		Location	
Category of event (1-4 as per ANNEX ISSE 3) Please circle: 1 2 3 4			

If applying for more than one event, list all events in order of priority.

INFORMATION ON THE NSO:

NSO Name			
Contact		Title	
Address			
Phone		Email	
Fax		Website	
Incorporation Name		Incorporation Number	

INFORMATION ON THE ORGANIZING COMMITTEE:

Contact			
Address			
Phone		Email	
Fax		Website	
Incorporation Name		Incorporation Number	

ATTACHMENT CHECKLIST:

ANNEX ISSE 2 - General Application Form	Annex ISSE 7 - Business Plan Information	
ANNEX ISSE 3 - Category information	Copy of liability insurance for event	
ANNEX ISSE 4 - Event information	Schedule of event	
ANNEX ISSE 5 - Operational Budget	International Federation calendar (provide event calendar link to IF website)	
ANNEX ISSE 6 - Final Activity Report, if applicable		

ADDITIONAL ATTACHMENTS, IF APPLICABLE:

Signed Financial Statement of previous year's event, if applicable (if not on file with Sport Canada)	High Performance / Competition Plan (use applicable portion of NSO Support Program)	
Letters of incorporation, for first time applicants only	Hosting Policy / Plan	

AMOUNT OF CONTRIBUTION REQUESTED FOR THE EVENT	\$
---	-----------

I declare, that to the best of my knowledge and belief, the above answers and the information attached are complete and accurate and that the plans and budgets are fairly represented. I agree to publicly acknowledge funding and assistance by the Department where appropriate. I also agree to submit a final report and a financial accounting report. I understand that the information provided in this application may be accessible under the Access to Information Act. I also agree to respect the spirit and intent of the Official Languages Act and the Canadian Charter of Rights and Freedoms and other human rights legislation.

Name of Event Chair	Signature of Event Chair	Date
Name of NSO President	Signature of NSO President	Date
Name of MSO President (if applicable)	Signature of MSO President (if applicable)	Date