

## WHITECOURT SPORTS HOSTING PROGRAM FINAL REPORTING FORM – SCHEDULE C

## APPLICANT CONTACT INFORMATION: Name of Organization: Name of Event: Name of Contact Person: Organization Mailing Address: Phone: \_\_\_\_\_ Email: \_\_\_\_ **EXPENSE INFORMATION:** EXPENSE VENDOR/PRODUCT | DETAILS/DESCRIPTION | AMOUNT **ELIGIBLE** (EXCLUDE GST) (TOWN USE **TYPE** ONLY) TOTAL WHAT PROJECTS WERE COMPLETED USING GRANT FUNDS?

WHAT IMPA PROJECT?				HOSTING		HAVE	ON	YOUR
Submit your completed form to:  Town of Whitecourt Re: Whitecourt Sports Hosting Program Box 509, 5004 52 <sup>nd</sup> Avenue Whitecourt AB T7S 1N6 Email: tourism@whitecourt.ca Attn: Whitecourt Economic Development Officer  *Note that original receipts must accompany this form. Final receipts are due within 90calendar days of project completion.								
Print Name: _					Date:			
Signature: _								
TOWN USE ONLY								
Approved Elig	jible Expe	enses: <sub>.</sub>						_
Print Name: _				Dat	e:			_
Signature:							,	_

The personal information collected through the Whitecourt Sports Hosting Program is for the purpose of processing applications, including eligibility, review, and communication of decisions. This collection is authorized per section 4(c) of the Protection of Privacy Act. For questions about the collection of personal information, contact the Town of Whitecourt Administration Office at administration@whitecourt.ca or 780-778-2273.