**Alberta Amputee Sports and Recreation Association - Funding Application**

Submit Funding Applications to: Attn: Sports Director at [info@aasra.ab.ca](mailto:info@aasra.ab.ca) or mail to:

AASRA, P.O. Box 86093 Marda Loop RPO, Calgary, AB T2T 6B7

***Please complete a separate form for each event or competition***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  | **Date:** |  | |
| **Address:** |  | **Postal Code:** | |  |
| **Phone #:** | |  |
| **Cell #:** | |  |
| **Email Address:** | | | | |
| **Name of Competition:** | | **Date(s):** | | |
|  | |  | | |
|  | | |
|  | | |
| **Location of Competition:** | |  | | |
|  | | | | |
| **Transportation: (airfare, rental car, mileage):** | | $ | | |
|  | |
| **Accommodation:** | | $ | | |
|  | |
| **Registration:** | | $ | | |
|  | | | | |
| **Subtotal** | | **$ 0.00** | | |
|  | | | | |
| **Other Expenses** | |  | | |
|  | | $ | | |
|  | | $ | | |
|  | | $ | | |
| **TOTAL** | | $ | | |
| Submit completed form to the Sports Director for approval. | |  | | |
| **Funding From Other Sources : Yes □ No □** | |  | | |
| **Sports Director:** | |  | | |
| **Treasurer:** | | **Cheque #:** | | |

Please provide as much information as possible with your request including quotes, event information, sanctioning organization (invitation) information. The information on this form is used as an estimate of the costs as well as justification for funding. Please obtain current costs for flights and accommodation.

***If you are receiving funding from another organization to help cover a portion of your costs, this must be noted on the form.***

***Funding will only be available upon notification of approval from AASRA (Sports Director). Until that time all costs will be considered the responsibility of the AASRA member.***

Submit Funding Applications to [info@aasra.ab.ca](mailto:info@aasra.ab.ca) or mail to:

AASRA,

P.O. Box 86093 Marda Loop RPO,

Calgary, AB

T2T 6B7

ATTN: Sports Director