



Ottawa Gloucester Sports Club Club Sportif d'Ottawa Gloucester



Application For Funds (Please print)

Date: _____

January 15, 2003

Name of Association/team: _____

Address: _____

_____ Postal Code: _____

Telephone Number: (*Business*) _____ (*Home*) _____

As the authorized representative of the association / team:

() OGSC Member () Non-Member

I _____ am requesting from the Ottawa Gloucester Sports Club the amount of _____.

The purpose of this request is: (Please Specify in Detail)

Description of Sporting Event/Association/Team/League/Level: (*Please enclose financial statement and other relevant information.*) _____

Would you or anyone in your organization be willing to assist the Ottawa Gloucester Sports Club in fund raising events. YES _____ NO _____

References: (Names of members of the sports club endorsing this request.)

Signature of applicant

Name of OGSC Sponsor