Return to:
City of Humboldt
Leisure Services Department
P.O. Box 640
Humboldt, Sask, S0K 2A0
Phone: 682-2597
Fax: 682-5577

City of Humboldt
Special Event Grant
Application

Application Deadline: 2 months Prior to Event

ORGANIZATION CONTACT INFORMATION:

Name of Organization: _____

Mailing Address: _____

Contact Name: _____ **Position:** _____

Phone: _____
(Home) **(Business)**

E-mail: _____

_____

GENERAL INFORMATION:

Name of Event/Competition: _____

Level of Competition:
(a) Provincial _____
(b) National _____
(c) Invitational _____

Date of Event: _____

Location of Event: _____

Number of Anticipated Participants: _____

Number of Anticipated Participants from Out-of-Town: _____

Number of Anticipated Spectators from Out-of-Town: _____

Total Estimated Cost of Hosting this Event: $ _____

If grant is approved, cheque should be made payable to: _____

To the best of my knowledge, the above statements are true as of the date of this application:

_____ _____
Signature of Applicant **Print Name and Position**

Office Use Only:
Date Received: _____ **Date Reviewed:** _____
Approval: _____**Yes** _____**No** **Approved Amount: $** _____