



## Funding application for RNB development camp

### A. Application Information

Name of Association: \_\_\_\_\_

Contact Person: \_\_\_\_\_

☎ (work) \_\_\_\_\_ ☎ (home) \_\_\_\_\_

Email: \_\_\_\_\_

### B. Camp Information

Event Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Program Leader: \_\_\_\_\_

On-Ice Instructor: \_\_\_\_\_

Camp itinerary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registration deadline: \_\_\_\_\_

Please use additional space on back of application if required.

**Please attach a copy of your Come Try Ringette event budget with this application.**

### C. Organization Endorsement

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### D. To be completed by RNB

Funding accepted     Funding denied

Association notified

Personne notified: \_\_\_\_\_ Date and time: \_\_\_\_\_

Signature (RNB): \_\_\_\_\_ Date: \_\_\_\_\_