



TRAVEL ASSISTANCE PROGRAM SUBMISSION

101-205 Hawkins St., Whitehorse, YT Y1A 1X3

(867) 633-7890 or 1-800-661-0555 • LotteriesYukon@yukon.ca • lotteriesyukon.com

To access Travel Assistance Program funding a submission must be received by Lotteries Yukon at least 10 business days prior to the competition or adjudicated event/arts performance. Submissions must be consistent with the Travel Assistance Program Guidelines.

Lotteries Yukon will calculate the funding amount based on eligibility of participants and support persons, in-Yukon mileage (if applicable) and/or travel outside of Yukon. If approved, a funding report will be provided showing the calculations of how the funding amount was calculated. All payments will be made to the Sport Governing Body, or non-profit where no Sport Governing Body exists.

APPLICANT INFORMATION

To be an eligible applicant, the Sport Governing Body or Yukon non-profit organization must be in compliance with the *Yukon Societies Act*. (This does not apply to high schools).

AFFILIATE/ TEAM NAME	
SPORT GOVERNING BODY/ NON-PROFIT ORGANIZATION NAME	
MAILING ADDRESS	TOWN/CITY
	POSTAL CODE
CONTACT PERSON	POSITION/TITLE
EMAIL	DAYTIME PHONE

NAME OF EVENT/TOURNAMENT

EVENT WEBSITE/LINK

DATE(S)

LOCATION/CITY



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LIST OF PARTICIPANT(S) AND SUPPORT PERSON(S)

Support persons include coaches and chaperons. The number of support persons eligible for funding is determined by applying the participants to coaches/chaperons ratio:

One support person/20 or fewer ADULTS

One support person/10 or fewer YOUTH

Participant(s)/coach/manager(s) are only eligible if they are members of the organization they are representing.

LIST OF ELIGIBLE **SUPPORT** PERSON(S)

LAST NAME	FIRST NAME	COMMUNITY OF RESIDENCE
COACH/ASST	MANAGER	CHAPERONE
LAST NAME	FIRST NAME	COMMUNITY OF RESIDENCE
COACH/ASST	MANAGER	CHAPERONE
LAST NAME	FIRST NAME	COMMUNITY OF RESIDENCE
COACH/ ASST	MANAGER	CHAPERONE
LAST NAME	FIRST NAME	COMMUNITY OF RESIDENCE
COACH/ASST	MANAGER	CHAPERONE
LAST NAME	FIRST NAME	COMMUNITY OF RESIDENCE
COACH/ASST	MANAGER	CHAPERONE
LAST NAME	FIRST NAME	COMMUNITY OF RESIDENCE
COACH/ASST	MANAGER	CHAPERONE

***If more space is required please attach additional page(s) or submit a separate roster/participant list.**



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LIST OF ELIGIBLE PARTICIPANT(S)

LAST NAME	FIRST NAME	COMMUNITY OF RESIDENCE
LAST NAME	FIRST NAME	COMMUNITY OF RESIDENCE
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PERFORMANCE MEASUREMENT

How does participating in this event support participant development?

(Fill in all that apply) This can be filled out prior to or after the event.

Participant is able to advance their skills development and/or practice their athletic abilities for example, achieve new skills, reach a new personal best record.

Please explain:

Exposure to the competition identified the need to develop or improve on skills/athletic abilities for team/participant.

Please explain:

Other:



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CHECKLIST PRIOR TO EVENT

The following is required when submitting a travel submission form:

- A complete, signed submission form.
- Information about the event: copy of registration form and event information from website (date of event, event location, type of event, etc.) or event poster.
- Confirm all participants are members of the organization.
- Completed List of Participants (only include eligible participants).
- Proof of an adjudication prior to an arts performance at an event (if applicable).

CHECKLIST POST EVENT - Deadline for reporting is 30 calendar days post event

- Proof of participation for all eligible participants such as score card/game sheet, result list, tournament officials' list or adjudication report.
- High-resolution digital photo(s) of all participants at the event. Email to: lotteriesyukon@yukon.ca.
- Proof of Lotteries Yukon recognition by thanking Lotteries Yukon on recipient's social media and/or placing the Lotteries Yukon logo on organization's website.

Please note that all payments are made to the Sport Governing Body, or non-profit where no Sport Governing Body exists.

I acknowledge that I have read the Travel Assistance Program Guidelines and declare that the information contained in this submission is correct; our organization does not owe any money to Government of Yukon; and that should this submission be approved all funds will be used for the stated purpose.

NAME

POSITION/TITLE

SIGNATURE*

DATE

**Signature of a registered Director of a Sport Governing Body, or registered Director of a non-profit where no Sport Governing Body exists, or school Principal.*

Personal information is collected under the authority of the Public Lottery Regulations and is used only for the purpose of administering the Travel Assistance Program.

For further information, contact **Lotteries Yukon** at **633-7890** or toll free within Yukon **1-800-661-0555**.