



Medicine Hat Hockey Hounds
Funding Application Form

Applicant Information

Name of Organization/Individual: _____

Phone Number: _____ Cell: _____ Email: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Alberta Gaming and Liquor Commission I.D. #: _____

Contact Person: _____ Title: _____

Phone number(s) _____ Cell: _____

Total Number of Registered Participants: _____

Proposed Use of Requested Funding

NOTE ONE:

Please attached additional information, if required, to describe the funding request including timelines and estimated project costs.

NOTE TWO:

If funding is approved by Hockey Hounds based on a per capita formula, Alberta Gaming will be dealing direct with the applicant for reconciliation of any funding.

For funding application exceeding \$5,000.00 a copy of the organization's latest Audited Financial Statements and a copy of the current Budget must accompany a Funding Application. In addition, Alberta Gaming and Liquor Commission now requires the completion of Gaming Proceeds – Recipient Agreement.

For funding application under \$5,000.00 a copy of the latest Financial Statements and a copy of the current Budget is requested.

Authorized Signing Representative's Name: _____

Signature: _____

Date: _____

Return completed application and supporting documentation to:

Medicine Hat Hockey Hounds
P.O. Box 85
Medicine Hat, AB T1B 1G5



GAMING PROCEEDS - RECIPIENT AGREEMENT

This form is required for all Donations In Alberta exceeding \$5,000.00; Out of Alberta, but within Canada exceeding \$5,000.00; or Out of Canada, exceeding \$1,000.00.

Date: _____

Donor Group: _____

AGLC ID#: _____

Donation Amount: \$ _____

To be completed by each recipient of a donation of gaming proceeds

THE RECIPIENT,

(Organization Name)

AGLC # (if applicable)

(Address, Town/City, Postal Code)

, WILL:

- i) maintain a record of donations showing the date, amount and source of donated funds received as well as the date, amount and purpose of all disbursements of donated funds; and
- ii) allow Commission access to all records, including those at any financial institution and to make copies of such records and/or remove them for further examination.

Purpose of Funds:
(details required)

Recipient - Executive (print name)

Recipient - Executive (signature)

Title

() - , Extension:
Phone Number

The personal information you are providing on this application is collected under the authority of the Gaming and Liquor Act, Gaming and Liquor Regulation, and section 33(c) of the *Freedom of Information and Protection of Privacy Act*. The information is strictly for the use of the Alberta Gaming and Liquor Commission (AGLC) for authorized purposes only including assessing your eligibility for a licence and the processing of your application in compliance with AGLC policy. The personal information you provide is managed according to Alberta's *Freedom of Information and Protection of Privacy Act* under which you have a right of access to your personal information. If you have any questions about the collection or use of this information, please contact: Regulatory Division Alberta Gaming and Liquor Commission, 50 Corriveau Avenue St. Albert, Alberta T8N 3T5 Telephone: 780/447-8600 Toll-free: 1-800-272-8876.