

PROVINCIAL CHAMPIONSHIPS ACCOMMODATION AND TRAVEL GRANT APPLICATION

Please complete in full (print or type) attaching all necessary receipts.

TEAM NAME: _____ **DIVISION:** _____

ADDRESS: _____

NUMBER OF PARTICIPANTS: PLAYERS: _____ **BENCH STAFF:** _____

Travel Grant

CAR: NUMBER OF CARS X (ROUND TRIP - 250 KM) X \$0.20/KM

VAN: NUMBER OF VANS X (ROUND TRIP - 250 KM) X \$0.60/KM

MINIMUM OF: 2 PEOPLE PER CAR

MINIMUM OF 4 PEOPLE PER VAN

**** CHARTER:** NUMBER OF CHARTERED BUSES X UNIT COST PER BUS

****TRAIN:** NUMBER OF TICKETS X UNIT COST PER TICKET

****AIR:** NUMBER OF TICKETS X UNIT COST PER TICKET

CAR: _____ CARS X _____ KM X \$0.20/KM = \$ _____

VAN: _____ VANS X _____ KM X \$0.60/KM = \$ _____

BUS: _____ CHARTERED BUSES X \$ _____/BUS = \$ _____

TRAIN: _____ TICKETS X \$ _____/TICKET = \$ _____

AIR: _____ TICKETS X \$ _____/TICKET = \$ _____

TOTAL TRAVEL: \$ _____

** receipts required. All mileage based on Ontario road map distances

Accommodation Grant

Based on \$50.00 a night a room and 4 players per room

2 bench staff per room

NUMBER OF PLAYERS: _____ **NUMBER OF BENCH STAFF:** F _____

M _____

ROOMS: _____ X \$50.00 X _____ **NIGHTS (receipts required):** \$ _____

TOTAL OF ACCOMMODATION AND TRAVEL: \$ _____

Signature of Claimant: _____

Date: _____

The Application must be in the O.R.A. Office no later than April 15th.