



PROVINCIAL / REGIONAL QUALIFIER HOSTING GRANT

HOSTING ORGANIZATION:

CONTACT PERSON:

ADDRESS:

POSTAL CODE:

CITY / TOWN:

TO WHOM THE CHEQUE SHOULD BE MADE OUT TO:

PLAYOFF HELD AT:

DATE:

CATEGORY:	<input type="checkbox"/> FP	<input type="checkbox"/> Male	<input type="checkbox"/> U11	<input type="checkbox"/> U23
	<input type="checkbox"/> SP	<input type="checkbox"/> Female	<input type="checkbox"/> U13	<input type="checkbox"/> Intermediate
		<input type="checkbox"/> Co-Ed	<input type="checkbox"/> U15	<input type="checkbox"/> Senior
			<input type="checkbox"/> U17	<input type="checkbox"/> Masters
	<input type="checkbox"/> A AW	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
			<input type="checkbox"/> U19	

TOTAL NUMBER OF TEAMS PARTICIPATING: _____

Hosting grant will be paid as per: MINOR - # of teams x \$250.00
 ADULT - # of teams x \$250.00

Regional Qualifier:
- \$250 per team in attendance (less the number of teams that advance from this playoff to the provincial Championships)

DEADLINE FOR APPLICATION: SEPTEMBER 15th

Return application to: info@softballalberta.ca

PLEASE NOTE: It is an Alberta Amateur Softball Association policy not to honour cheques that are not cashed after six (6) months. Please ensure that you have cashed your cheques ASAP.

----- OFFICE USE ONLY -----			
Number of teams:	Amount Paid:	Date:	Signature: