



# 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:

<b>CATEGORY:</b>	<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 \$300.00

ADULT - # of teams x \$300.00

Senior Slo-pitch - # of teams x \$325.00

Regional Qualifier:

- \$300 per team in attendance (less the number of teams that advance from this playoff to the provincial Championships)

**DEADLINE FOR APPLICATION: SEPTEMBER 15<sup>th</sup>**

**Return application to: [info@softballalberta.ca](mailto: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.

<b>----- OFFICE USE ONLY -----</b>			
Number of teams:	Amount Paid:	Date:	Signature: