**HELP THE COPS HELP THE KIDS MINOR SPORTS BENEFIT TRUST FUND**

**Application for Teams**

**Please feel free to attach additional pages or documentation that would assist your application.**

**Note: Five or more applicants for the same event is considered a team. Maximum age for consideration is 25. Team funding applications are generally to represent the Greater Hampton area at Provincial, Atlantic, National and/or International Sporting Events. Applicants must reside within the policing jurisdiction of the Hampton RCMP Detachment or be an organized sports team from this jurisdiction. Independent or self-funded groups, including school sport teams, are not eligible to apply.**

**Team Members (attach additional page if required):**

|  |  |  |
| --- | --- | --- |
| **Applicant`s Name** | **Address** | **Date of Birth (YYYY/MM/DD)** |
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Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Or attach an official letter stating the applicants are members of this team and the event they will be participating in.)*

Background of the team in this sport. *(Include length of time competing, past accomplishments, and any volunteer work completed.)*

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Please outline what, if any fundraising you have done or plan to do for the event:

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Outline the projected costs associated with the event:

Flights or other transportation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lodging: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Equipment/Training Expenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other Expenses related to participating in Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please ensure all information requested, where applicable, is submitted with your application to:

**Treasurer - HCHK Trust Fund, 44-111 Sydney Street, Saint John, NB E2L 2L8**

For additional information or assistance in completing your application, please contact:

Janice Bates, President at (506) 485-2497 or Brock Reid, Treasurer at [brockreid@live.com](mailto:brockreid@live.com)