



Girl Guides of Canada Guides du Canada

Rivers North Area

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Prince George, BC
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APPLICATION FOR FINANCIAL ASSISTANCE

Independent Trip

Selected Events

NAME: _____

ADDRESS: _____

PHONE NUMBER: (____) _____ AGE (if under 18): _____

UNIT: _____ DATE OF EVENT: _____

NAME OF EVENT: _____ LOCATION: _____

TOTAL COST OF EVENT: _____ LESS: _____

(Show and subtract assistance already received from Provincial/National Level(s).)

ADDITIONAL TRAVEL COSTS: _____

OTHER COSTS: _____

PLEASE LIST ALL FINANCIAL ASSISTANCE YOU HAVE APPLIED FOR OR HAVE BEEN OFFERED. (APPLY TO UNIT, DISTRICT, AREA IN THAT ORDER)

CONTRIBUTIONS:

PARTICIPANT YES _____ NO _____ \$ _____

UNIT YES _____ NO _____ \$ _____

DISTRICT YES _____ NO _____ \$ _____

AREA YES _____ NO _____ \$ _____

SIGNATURE OF APPLICANT: _____

SIGNATURE OF GUIDER OR COMMISSIONER: _____

DATE: _____

Please complete and submit to the Area Commissioner 60 days before the event.