

Mailing Address:

Box 9819, Stn Prov Govt
Victoria, BC V8W 9W3
Tel: (250) 952-6547
Fax: (250) 387-4099

Location Address:

800 Johnson Street
Victoria, BC V8W 1N3
E-mail: capitalforkids@gov.bc.ca
Website: <http://ow.ly/DT4db>

APPLICATION FORM

Please read program guidelines before completing form.

ORGANIZATION (Legally Registered Name)	

MAILING ADDRESS	

_____ Postal Code _____	
Telephone _____	Email _____
Fax _____	Website _____

FOR OFFICE USE ONLY:	20 12 04 08
FILE #	_____

Amount Requested	\$ _____
Dates of Travel (yyyy/mm/dd):	_____
From:	To:

Mr. <input type="checkbox"/>	Mr. <input type="checkbox"/>
Ms. <input type="checkbox"/>	Ms. <input type="checkbox"/>
_____	_____
Submitting Adult (Print Name)	Principal (Print Name) OR
Title _____	Mr. <input type="checkbox"/>
Telephone _____	Ms. <input type="checkbox"/>
E-mail _____	Regional Leader (Print Name)
	E-mail _____

Grades:	_____
Number of Youth	_____
Number of Adult Chaperones:	_____

DECLARATION (Both signatures required)	
_____	_____
Signature of person preparing form	Date signed
_____	_____
Signature of Principal or Regional Leader	Date signed
DO SOLEMNLY DECLARE:	
(a) THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION GIVEN IN THIS APPLICATION IS COMPLETE AND TRUE IN EVERY RESPECT AND,	
(b) THAT THIS APPLICATION HAS BEEN APPROVED BY THE LEADERSHIP OF THE ORGANIZATION.	

Application Check List
<input type="checkbox"/> Yes, we completed and signed the application form.
<input type="checkbox"/> Yes, we have booked a Legislature tour and have forwarded the confirmation e-mail to the program.
<input type="checkbox"/> Yes, we will include 2 hours of class time on government prior to travelling.

Total Travel Budget (Costs):	\$ _____
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Zone	Number of Nights Away	Number of Youth (A)	Amount Per Youth (B)	Total Amount Requested (A x B)
			\$	\$

Please see the guidelines to determine which zone you are travelling from and the maximum amount of funding available per youth that makes the trip. Complete the above table using this information along with the number of nights you plan to be away. The number of youth multiplied by the amount per youth determines the total amount of funding you can request.

ITINERARY

Complete this form or attach a separate page

Date	Time	Activity	Educational Rationale
		Example Departure from home	
		Example Arrive home	

Capital for Kids: Travel Funding for Youth Groups

For travel between January 1 and December 31, 2016
Applications will be accepted until Thursday, November 19, 2015.

Applications will be accepted by: email, fax, hand delivery or mail

Email: capitalforkids@gov.bc.ca
Fax: (250) 387-4099
Mail: PO Box 9819 STN PROV GOVT, Victoria, B.C.V8W 9N3