

Greenview Sponsorship and Donation Request Form

Row 172

Organization or Person Requesting Funds	Grande Cache Memorial Icebreaker Committee
--	--

Date of Application	03/03/25
----------------------------	----------

Form Date Field	258
------------------------	-----

Date of Event	04/11/25
----------------------	----------

Phone Number	780-501-9206
---------------------	--------------

Purpose of Organization	youngnicolegc@gmail.com
--------------------------------	-------------------------

Mailing Address	Box 1394 Grande Cache, AB T0E0Y0
------------------------	----------------------------------

Funding Request Total	\$7,560.00
------------------------------	------------

Type of sponsorship request	Event
------------------------------------	-------

Describe your organization	Grande Cache Memorial Icebreaker Committee is a nonprofit organization that organizes a fundraising hockey tournament in memory of past community members who have past away.
-----------------------------------	---

Intended Purpose	The purpose of the requested funds would be to help cover the cost of facility rental. This sponsorship keeps our overhead down and allows us to contribute to more community members and organizations in need.
-------------------------	--

Direct Goals	Our goals are to bring the community of Grande Cache and surrounding areas together and remember family and friends we have lost while enjoying a weekend of hockey and camaraderie while raising money to donate to community members going through financial hardship.
---------------------	--

Where/When?	The event is taking place April 11-13 at the Grande Cache Recreation Centre.
--------------------	--

Benefit to residents of Greenview	Not only is this a fun event for all our community members to enjoy throughout the weekend, but we donate to members of the community who are experiencing financial hardship while undergoing medical issues, as well as children's organizations and programs.
--	--

How many people will benefit	The community of Grande Cache and surrounding area will benefit from this event.
-------------------------------------	--

Funding from others	We do not anticipate any funding from any other government sources or organizations.
----------------------------	--

Additional Information	I have attached additional information. Please contact me if you have any questions. We appreciate your consideration.
-------------------------------	--

Recognition	We will recognize sponsorship throughout the event as well as on our social media.
--------------------	--

Previous Donation	Yes we have received a sponsorship for the last 2 years. We recognized our sponsorship by displaying a sign, thanking the MD of Greenview during our closing ceremonies and on our social media.
--------------------------	--

Grant Funds Received from other sources?	
---	--

Have you performed any other fundraising projects?	
---	--

Agreement	
------------------	--

Grant Purpose	
----------------------	--

Column24	
-----------------	--

Year Grant Received	
----------------------------	--

Amount of Grant	
------------------------	--

List the donae, purpose and amount	
---	--

What type of fundraising & how much did you raise?	
---	--

Signature	
------------------	--

Date	
-------------	--

Financial Statement	
----------------------------	--

Administration Recommendations	
---------------------------------------	--

Email

MD Logo

Email Comm.

**List for
Recognition**

Contact Name(s) Nicole Young

Logo Permission

**Agreement with
Statement** AB

Signature1 Nicole Young

FOIP Disclosure
