

APPLICATION
City of Elliot Lake Event Support Program

Event Name: _____

Type of Event: _____

Organization Requesting Support: _____

Primary Contact Person: _____

Telephone: _____ Fax: _____

E-Mail: _____

Address: _____

Amount Requested: \$

Instructions:

Fill out the information in the application using reasonable estimates.
Note that final payment may be contingent on proof that estimates were achieved.

Attach a detailed event budget including projected revenue and expenses.

Submit application and direct questions to:

Todd Stencil, General Manager
Elliot Lake & District Chamber of Commerce
P.O. Box 81
Elliot Lake, ON
P5A 2J6
Tel: (705) 848-3974
E-Mail: elchamber@onlink.net

Applications can be dropped off at:
Chamber Office (Lester B. Pearson Civic Centre)

Note: Review of applications may take up to 4 weeks.

For Internal Use Only	
Date Received:	
Review Date:	
Reply Forwarded to Contact:	

Event Details

Event Description:

Date(s): _____

Main Venue(s): _____

Other Facilities: _____

Has the event been held in Elliot Lake in the past? YES NO

Date of last time held in Elliot Lake: _____

Is this a sanctioned event? YES NO

Sanctioning Body _____

Event Impact

Total Participants: _____

Non-Resident Participants: _____ Resident Participants: _____

Origin of Non-Resident Participants:

Estimated Room Nights: _____

Target Market: (Demographics and origin of participants)

Marketing and Outreach For Event: (media used, type of ad/listing, etc.)

Financial Details

Without City support, would this event occur? YES NO

Without City support, will this event lose money? YES NO

How much money will the event lose without City support? _____

If a surplus is realized, where will it go and what will it be used for?

Describe what will be accomplished due to City support:
(ex. increase prize purse or decreased registration fees will increase competitors,
marketing will be increased, etc.)

When are the funds needed ?
(i.e. before or after event)

Is this event a fundraiser? YES NO

If yes, who will receive the funds raised? _____

Will other fundraising activities occur at this event? YES NO

If yes, briefly list the activities and the benefiting group.

Volunteer hours that will be contributed to event: _____

List volunteer groups involved.

List any other details of your event that might be useful in considering financial support.
Use this area to justify estimates provided and funding amount requested.

