

GET ACTIVE IN TEMISKAMING EVENT SERIES

Beneficiary Application Form

Name of Organization: _____

Website of Organization (if applicable): _____

Contact Information

Contact Name: _____

Mailing Address: _____

Telephone Number: _____

Email: _____

General Information

Size of Organization: members: _____

geographical region it covers: _____

Years Organization has been on in operation: _____

Provide a brief description of your organization

Describe why this organization should be a beneficiary & how the funds would be used

Describe how this organization promotes an active, healthy lifestyle in the Temiskaming Area

Any other details you wish to add about your organization or the “Get Active” Series?