

Section A

Contact Person: _____ iMIS #: _____
 Address: _____ City/Town: _____
 Postal Code: _____ Home Phone: _____ Cell: _____
 E-mail: _____

Section B

Please indicate if you are applying on behalf of:

Individual (if different than above)

Name: _____ iMIS #: _____
 Unit: _____ Branch: _____

Group/Unit

Group/Unit name: _____ iMIS #: _____
 Branch Level: _____ Number of Youth: _____
 Number of Adults: _____

Section C

Please indicate why you are applying for subsidy:

Trip Event
 Nationally Selected Provincially Selected Independent (Unit/District/Area)
 Other: _____

SG.8 has been approved Safe Guide Assessment #: _____
 Name of Trip/Event: _____ Location of Trip/Event: _____
 Date of Trip/Event: _____ Amount to be Fundraised: _____

Section D

Please indicate which cookie campaign you are requesting funds for:

REMEMBER:

Girl(s) and Adult(s) must sell a minimum of 3 cases of cookies in the cookie campaign they are requesting funding for. Participants will receive an additional \$5.00 per case of cookies sold in the campaign above the 3 case minimum (on the fourth case and above).

Please submit Provincial Cookie Fundraising Incentive - Tracking Sheet within one month after cookie sales are complete but no later than December 15.

Campaign (i.e. Classic 2022): _____
 Cases Carried Over: _____ Total cases to be sold: _____ Cases to receive subsidy on: _____
(from previous campaign) (estimate) (estimate) (cases over 3/person minimum)

Section E—Office Use Only

Request approved by: _____ Date: _____