**Alberta Racquetball Association** #520, 919 Centre St NW

Calgary, AB, T2E 2P6

(403) 744-5229

inquiries@albertaracquetball.ca

[http://www.albertaracquetball.ca](http://www.albertaracquetball.ca/)

FUNDING APPLICATION ~ 2023/24 Season Date :

|  |  |  |
| --- | --- | --- |
| Full Name |  |  |
|  |  |  |  |  |
| Street Address |  |  |  |  |
|  |  |  |  |  |
| City |  |  | Postal Code |  |
|  |  |  |  |  |
| Best Phone Number to reach you |  | E-Mail Address to which e-transfers and all funding info will be sent. |  |  |
|  |  |  |  |  |
| Birth date (MM/DD/YY) |  |  | Gender | * Male
 |
|   |  |  |  | * Female
* Non-defined
 |
| Provincial Coach |  |  |  |  |
|  |  |  |  |  |
| National Coach |  |  |  |  |

## For Minors…….

Adult Contact Relationship

Phone Number E-Mail Address

## For all Athletes, who do we contact in case of an emergency……..

 Contact Relationship

Phone Number E-Mail Address

# Eligibility Requirements

## Please check all eligibility requirements that you meet:

I can produce a valid Alberta Health Services Card numbered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have/will compete in at least 2 Alberta tournaments this season.

I have/will compete in the Alberta Provincial Championships this season.

I am involved in a training schedule approved by a certified provincial or national coach

I have/will attend the ARA's Annual General Meeting this season (elective).

I will sign and adhere to the Athlete Code of Conduct.

I am a gold member in good standing of Racquetball Canada and in compliance with all team requirements where applicable, membership #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that eligibility for funding is based on the Team Alberta Selection Criteria, the ARA’s annual budget and at the discretion of the Board of Directors.

I understand that the Board of Directors reserves the right to reduce funding for team members based on team sized and/or other circumstances deemed applicable by the Association.

I will adhere to the Athlete Travel Conduct Policy.

I have/will attend any Provincial Team training camps arranged this season.

 I am receiving funding in addition to what I receive from the Alberta Racquetball Association.

* **The ARA will be providing you with a team uniform(s). In order to ensure you receive the correct sizes please provide your:**

 **Shirt Size\_\_\_\_\_\_ Shorts Size\_\_\_\_\_**

 **Hoodie Size\_\_\_\_\_ Jogging Pants Size\_\_\_\_\_**

* **If there is any additional information you wish the ARA to know, as part of your application for funding or, if there are any conditions or circumstances that may prevent you from meeting the above noted requirements**, **please provide details here.**

Event Information - Please complete for each event for which you're applying

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Event |  |  |  |  |
| Dates | \_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_ |
| City/Province |  |  |  |  |
| Travel by Air Carrier & Cost Estimate | Carrier \_\_\_\_\_\_\_\_\_\_\_\_\_Cost $\_\_\_\_\_\_\_\_\_ | Carrier \_\_\_\_\_\_\_\_\_\_\_\_\_Cost $\_\_\_\_\_\_\_\_\_ | Carrier \_\_\_\_\_\_\_\_\_\_\_\_\_Cost $\_\_\_\_\_\_\_\_\_ | Carrier \_\_\_\_\_\_\_\_\_\_\_\_\_Cost $\_\_\_\_\_\_\_\_\_ |
| Travel by Land estimate @ $0.52/km | $ 0.52/kms x \_\_\_\_ kms x return trip = $\_\_\_\_\_\_\_\_ | $ 0.52/kms x \_\_\_\_ kms x return trip = $\_\_\_\_\_\_\_\_ | $ 0.52/kms x \_\_\_\_ kms x return trip = $\_\_\_\_\_\_\_\_ | $ 0.52/kms x \_\_\_\_ kms x return trip = $\_\_\_\_\_\_\_\_ |
| Accommodation  |  $\_\_\_\_\_\_/day x \_\_\_days = $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_/day x \_\_\_days = $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_/day x \_\_\_days = $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_/day x \_\_\_days = $\_\_\_\_\_\_\_\_\_\_\_ |
| Per Diem  | $50/day x \_\_\_\_days = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $50/day x \_\_\_\_days = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $50/day x \_\_\_\_days = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $50/day x \_\_\_\_days = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Luggage Fee |  |  |  |  |
| Event Registration Fee |  |  |  |  |
| TOTAL COST ESTIMATE PER EVENT |  |  |  |  |

* Expenses listed should be for the athlete only. Please review the ARA Athlete Funding Policy as well as the Travel & Expense Reimbursement Policy for more information.
* Please note your funding estimates may be affected by group travel and/or accommodation arrangements made by the ARA on behalf of the Alberta Provincial Team.
* I declare that the information provided on this application and in supporting documents is true and accurate to the best of my knowledge. I understand that providing false information could result in the denial of funding, the requirement to repay funding previously provided, and/or the denial of funding in the future.

Signed by applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Witnessed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (if applicable) I declare that the information provided on this application and in supporting documents is true and accurate to the best of my knowledge. I understand that providing false information could result in the denial of funding, the requirement to repay funding previously provided, and/or the denial of funding in the future.

Signed by Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Witnessed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **SUBMIT YOUR APPLICATION VIA EMAIL TO:** **ed@albertaracquetball.ca****, by 5.15.23**

**Subject Line: ATHLETE FUNDING APPLICATION**