



Archery New Brunswick APPLICATION FOR FINANCIAL ASSISTANCE

Please complete all of the information requested below:

Personal Information			
Name:		ANB #:	
Address:			
Phone:			
Division:		Age Class:	

Participation

Section 1

Specify: 3D or Target as well as name and location

Event Type and Location	Score

Event Information

Section 2

Year	Event	Location

I hereby certify that I meet all eligibility criteria for financial assistance and do hereby apply for funding for the event listed above (specify event and location). You must submit an expense report, with receipts along with a copy of this application within 30 days of the event.

Signature

Date