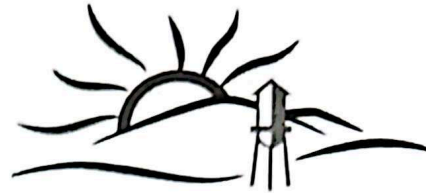


Town of Claresholm Application for Donation
(Policy 5.1.01 – Schedule "A")



Claresholm

Date of Application: August 27, 2024

Date of Event: March 28th - 30th

1. Applicant Information

Name of Applicant: Claresholm Thunder Alumni Association

Address: Box 2696 Claresholm AB T0L 0T0

Contact Person: Scott Martineau or/and Jenn Mackin

Phone, Fax, Email: claresholmthunderalumni@gmail.com

2. Type of Organization: (circle) ARTS/CULTURE RECREATION/SPORTS EVENT OTHER(specify)

3. Is the Organization registered with Revenue Canada as a Charity? (circle) YES NO

If yes provide registration date & # _____

4. Is the Organization incorporated as a non-profit organization? (circle) YES NO

If yes provide registration date & # 5026395615 July 22, 2024

5. Type of Donation: (check and explain)

COMMUNITY EVENT

COMMUNITY PROJECT FUNDING

IN-KIND CONTRIBUTION - Fee Waiver

Other (explain):

SPECIAL EVENT

DONATION - Financial Assistance

IN-KIND CONTRIBUTION - Service, Equipment or Materials

Explanation:

Claresholm Thunder Alumni Association 2nd Charity
hockey Tournament

Amount (value) Requested: ICE/MEZZANINE

6. Details of how the funds will be expended:

We are requesting the ice and mezzanine fee be
waved, so we are able to donate more money back to
the community.

9. Is a copy of the organization's operational or project budget attached?

YES

NO