

**THIS FORM MUST BE SUBMITTED AND APPROVED
BEFORE GAMING PROCEEDS CAN BE USED FOR TRAVEL OUTSIDE ALBERTA**

For travel outside of Canada, the group must demonstrate a similar activity does not exist in Canada.

Return this form to: 50 Corriveau Avenue
St. Albert, AB T8N 3T5
Telephone: 780/447-8600
Toll-Free: 1-800-272-8876
Fax: 780/447-8912
Website: www.aglc.gov.ab.ca

Eligible travel in Alberta does not require the submission of a Travel Itinerary Form.

Note: The travel must be required for the group to deliver its programs in Alberta. Travel that is social, recreational or administrative in nature is not eligible.

ORGANIZATION NAME

Name: _____ I.D.#: _____

Address: _____

_____ City/Town _____ Postal Code

SIGNING AUTHORITIES

WE CERTIFY THAT: all information and documents supplied are correct, and the group has authorized us to make this request. Any AGLC Inspector may examine and make copies of all records relating to this request and/or licence. This includes the approved bank account(s) at any financial institution(s).

President Signature: _____

Print Full Name: _____ Date of Birth:

yy	mm	dd
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Mailing Address: _____

_____ Postal Code

Residence Phone: _____ Business Phone: _____ Fax: _____ Email: _____

Treasurer Signature: _____

Print Full Name: _____ Date of Birth:

yy	mm	dd
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Mailing Address: _____

_____ Postal Code

Residence Phone: _____ Business Phone: _____ Fax: _____ Email: _____

EVENT

Name: _____

Destination: _____ Dates: _____

Describe the activity/event:

(over)

*The following information must be attached to this form:

- Letter of invitation / approval / sanction list – see Interpretation Bulletin for details.
- Detailed daily schedule.
- List of names and positions held for all individuals traveling.

*Refer to Interpretation Bulletin.

EVENT (Con't)

Number of Participants: _____ Number of Support Staff: _____

(Attach list of names and positions held with organization. Note: 1 support person per 5 participants or portion thereof – see Interpretation Bulletin)

Individual Participant Contributions: \$ _____ Individual Support Staff Contributions: \$ _____

Number of individuals 21 years of age and under: _____

Number of individuals over the age of 21: _____

***Sports groups must ensure a minimum of 50% of its gaming proceeds are used on its youth programs.**

ESTIMATED EXPENSES

	Cost		# of Persons		# of Days		Sub-Total
Transportation Costs	\$ _____	x	_____	x	_____	=	\$ _____
Vehicle Rentals	\$ _____	x	_____	x	_____	=	\$ _____
Equipment Transportation	\$ _____	x	_____	x	_____	=	\$ _____
Accommodation	\$ _____	x	_____	x	_____	=	\$ _____
Food	\$ _____	x	_____	x	_____	=	\$ _____
Entry Fees	\$ _____	x	_____	x	_____	=	\$ _____
					TOTAL		\$ _____
					LESS: NON-GAMING CONTRIBUTIONS		\$ _____
					GAMING PROCEEDS REQUESTED		\$ <input type="text"/>

FOR OFFICIAL USE ONLY

Comments/Conditions: _____

Approved / NOT Approved

Total Gaming Proceeds to be used: \$ _____

per: Alberta Gaming and Liquor Commission

Date _____

The information you are providing on this application form is collected under the authority of the *Gaming and Liquor Act*, Gaming and Liquor Regulation, and the *Freedom of Information and Protection of Privacy (FOIP) Act*, section 33(c). The information is strictly for the use of the Alberta Gaming and Liquor Commission in assessing your eligibility.

Your personal information is protected by Alberta's FOIP Act and can be reviewed upon request.

If you have any questions about the collection or use of the information, please contact:

Alberta Gaming and Liquor Commission
50 Corriveau Avenue
St. Albert, Alberta T8N 3T5
Telephone: 780-447-8600
Toll-free: 1-800-272-8876