

## Grant for Assistance Application – Year Round Intake For Grants of \$1,000 and Under

Organization Information Sheet

Name of Organization:	
100 Mile House & District Figure Skating Club	
ivialing Address:	
Box 934, 100 Mile House, B.C., VOK 250	
Telephone (office): 250 - 395 - 1842	
Purpose of Organization:	
Teach learn to shale programs for all ice sports, figures what community does your organization serve? and power skalling.	kating
What Community does your organization serve? and power skating	,
100 Mile House & Vistrict and surrounding area in	
BC Society Registration Number: (if applicable) We South Cariboo.	
50048 <i>86</i> 3	
Federal Charitable Registration Number: (if applicable)	
NIA	
Chairperson's name:	
Crystal Thibeault	
Telephone:	
Treasurer or Financial Officer's name:	
Lisa Shearer	
Telephone:	
Previous Grants from CRD (if applicable, please indicate year grant amount and project):	
Due to handover in the club, we are not	
sure if the club his applied previously but we	
can confirm we have not since at 1295+ 2019	
Current Grant Requested from CRD \$ 1,000.00	



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Please answer the following questions, using additional paper if necessary:
Brief Description of Proposed Use of Grant Being Applied For:
We are holding an Ice Carnival Showcase to feature the
talent and skill in all our programs. It will be a ticketed event, open to everyone in the community to enjoy a
few-filed "Paraval" lineward musical performance on ice
for-filled "Carnival" themed musical performance on ice, sure to entertain people of all ages.
2. Start date of the project: Matine ! April 13, 2024 @ Z pm
End date for the project: evening: April 13, 2024 @ 6 pm
Two shows, each 1/2-2 his long, held at
the South Caribad Rec Center.
How will you indicate that the CRD is contributing to your organization?:
Named on our thankyou signage at the show, mention is
Our Carnival Program & on facebook. Public mention at our
ice show, Named in our thankyou ad in the Free Press and public mention of our AGM/awards banquet.
and public mention at our AGM/awards banquet.
THE INFORMATION INCLUDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF
MY KNOWLEDGE.
President/Chairperson