



GRANTS FOR ASSISTANCE APPLICATION Year Round Intake for Grants Under \$1,000

Organization Information Sheet

Name of Organization:	CARIBOO CHILCOTIN GYMNASTICS ASSOCIATION	
Mailing Address:		
Telephone (office):	250.398.7331	email: info@cwlgymnastics.com
Purpose of Organization:	YOUTH SPORTS.	
What Community does your organization serve?	CARIBOO REGIONAL DISTRICT	
BC Society Registration Number:	S 21548	
Federal Charitable Registration Number: (if applicable)		
Chairperson's name:	BRANDY LINKS	
Telephone:		email:
Treasurer or Financial Officer's name:	APRIL REIS	
Telephone:		email:

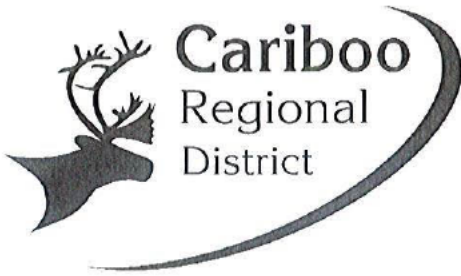
Previous Grant from CRD:

If applicable, please indicate the year, grant amount, and project.

Year: _____ \$ _____

Project:

Current Grant Requested from CRD \$ _____



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Please answer the following questions, using additional paper if necessary.

1. Brief Description of Proposed Use of Grant Being Applied For?: *We will use the Grant for a TV that will serve as a central Hub for all of our Advertising. Used to highlight and promote our valued Sponsors, upcoming Fundraisers and special events. we will showcase our Competitive Gymnasts + their Meets + medals + awards as well as provide info for our Recreational classes, parkour programs and Birthday Parties.*
2. Start date of the project: *Sept 1, 2025* End date for the project: *Ø*
3. How will you indicate that the CRD is contributing to your organization?
we will advertise it in all our advertising avenues. Emails, Facebook, Instagram, Newsletters and on our new Website @ wlgymnastics.com

THE INFORMATION INCLUDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

May 12/25
Date