



TRAVEL ASSISTANCE PROGRAM SUBMISSION

101-205 Hawkins St., Whitehorse, YT Y1A 1X3

(867) 633-7890 or 1-800-661-0555 • LotteriesYukon@yukon.ca • lotteriesyukon.com

To access Travel Assistance Program funding a submission must be received by Lotteries Yukon at least 10 business days prior to the competition or adjudicated event/arts performance. Submissions must be consistent with the Travel Assistance Program Guidelines.

APPLICANT INFORMATION

To be an eligible applicant, the Sport Governing Body or Yukon non-profit organization must be in compliance with the *Yukon Societies Act*. (This does not apply to high schools).

SPORT GOVERNING BODY/ NON-PROFIT ORGANIZATION NAME	
AFFILIATE / TEAM NAME	
MAILING ADDRESS	TOWN/CITY
	POSTAL CODE
CONTACT PERSON	POSITION/TITLE
EMAIL	DAYTIME PHONE

NAME OF EVENT/TOURNAMENT

DATE(S)

LOCATION/CITY



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LIST OF PARTICIPANT(S) AND SUPPORT PERSON(S)

Lotteries Yukon will calculate the funding amount based on eligibility of participants and support persons, in-Yukon mileage (if applicable) and/or travel outside of Yukon. If approved, a funding report will be provided showing the calculations of how the funding amount was calculated. All payments will be made to the Sport Governing Body.

Support persons include coaches and chaperons. The number of support persons eligible for funding is determined by the number of eligible participants, gender of participants to coaches/chaperons and include:

One support person/20 or fewer adults

One support person/10 or fewer youth

***Only include information for participants who are eligible for funding for this event.**

We understand that others may travel with your group but Lotteries Yukon only requires information for those eligible for funding. Please ensure that all listed participants are members of the organization.

LIST OF ELIGIBLE PARTICIPANTS AND SUPPORT PERSON(S)

FIRST NAME		LAST NAME		COMMUNITY OF RESIDENCE
PARTICIPANT	SUPPORT	ADULT	YOUTH	
FIRST NAME		LAST NAME		COMMUNITY OF RESIDENCE
PARTICIPANT	SUPPORT	ADULT	YOUTH	
FIRST NAME		LAST NAME		COMMUNITY OF RESIDENCE
PARTICIPANT	SUPPORT	ADULT	YOUTH	
FIRST NAME		LAST NAME		COMMUNITY OF RESIDENCE
PARTICIPANT	SUPPORT	ADULT	YOUTH	
FIRST NAME		LAST NAME		COMMUNITY OF RESIDENCE
PARTICIPANT	SUPPORT	ADULT	YOUTH	

***If more space is required please attach an additional page(s) or add separate roster/participant list.**



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PERFORMANCE MEASUREMENT

How did/would participating in this event help participant development?

(Fill in all that apply) This can be filled out prior to or after the event.

Participant is able to advance their skills development and/or practice their athletic abilities for example, achieved new skills, reached a new personal best record.

Please explain:

Exposure to a higher caliber competition identified the need to develop or improve on skills/athletic abilities for team/participant.

Please explain:

Other:



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CHECKLIST PRIOR

The following is required when submitting a travel submission form:

- A complete, signed submission form;
- Information about the event: copy of registration form and event information from website (date of event, event location, type of event, etc.) or event poster;
- Confirm all participants are members of the organization;
- Completed List of Participants (only include eligible participants);
- Proof of an adjudication prior to an arts performance at an event (if applicable);

CHECKLIST POST

- Proof of participation for all eligible participants such as score card/game sheet, result list, tournament officials' list or adjudication report;
- High-resolution digital photo(s) of all participants at the event. Email to: lotteriesyukon@yukon.ca ; and
- Proof of Lotteries Yukon recognition by thanking Lotteries Yukon on recipient's social media and/or placing the Lotteries Yukon logo on organization's website

Please note that all payments are made to the Sport Governing Body, or non-profit where no Sport Governing Body exists.

I acknowledge that I have read the Travel Assistance Program Guidelines and declare that the information contained in this submission is correct; our organization does not owe any money to the Yukon Government; and that should this submission be approved all funds will be used for the stated purpose.

NAME

POSITION/TITLE

SIGNATURE*

DATE

**Signature of a registered Director of a Sport Governing Body, or registered Director of a non-profit where no Sport Governing Body exists, or the school Principal*

Personal information is collected under the authority of the Public Lottery Regulations and is used only for the purpose of administering the Travel Assistance Program.

For further information, contact **Lotteries Yukon** at **633-7890** or toll free within Yukon **1-800-661-0555**.