



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.

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, or non-profit where no Sport Governing Body exists.

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).

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

DATE(S)

LOCATION/CITY



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

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

One support person/20 or fewer ADULTS

One support person/10 or fewer YOUTH

Participant(s)/coach/manager(s) are only eligible if they are members of the organization they are representing. Gender required, used for participant/support ratios only.

LIST OF ELIGIBLE **SUPPORT** PERSON(S)

LAST NAME	FIRST NAME	COMMUNITY OF RESIDENCE
COACH/ASST	MANAGER	CHAPERONE
LAST NAME	FIRST NAME	COMMUNITY OF RESIDENCE
COACH/ASST	MANAGER	CHAPERONE
LAST NAME	FIRST NAME	COMMUNITY OF RESIDENCE
COACH/ ASST	MANAGER	CHAPERONE
LAST NAME	FIRST NAME	COMMUNITY OF RESIDENCE
COACH/ASST	MANAGER	CHAPERONE
LAST NAME	FIRST NAME	COMMUNITY OF RESIDENCE
COACH/ASST	MANAGER	CHAPERONE
LAST NAME	FIRST NAME	COMMUNITY OF RESIDENCE
COACH/ASST	MANAGER	CHAPERONE

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



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LIST OF ELIGIBLE PARTICIPANT(S)

LAST NAME	FIRST NAME	COMMUNITY OF RESIDENCE
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PERFORMANCE MEASUREMENT

How does participating in this event support 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, achieve new skills, reach a new personal best record.

Please explain:

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

Please explain:

Other:

[Redacted]

[Redacted]