



I CONFIRM THAT THIS JOINT-APPLICATION BETWEEN

(Event Organizer: Municipality/Regional District/First Nations Band)
AND

(BCSGS Zone)

HAS BEEN SUBMITTED FOR

Give It a Try event called: _____ **on** _____ **(date).**

THE APPLICATION WAS SUBMITTED BY:

Municipal/Regional District/First Nations Representative Name: _____

Phone: _____ Email: _____

Address _____

City: _____ Postal Code: _____

AND

Zone Representative Name: _____

Phone: _____ Email: _____

Address _____

City: _____ Postal Code: _____

SIGNED FOR AND ON BEHALF OF:

Municipality/Regional District/First Nations Band: _____

By (name): _____ on this date: _____

Signature: _____

SIGNED FOR AND ON BEHALF OF:

BCSGS 55+ Games Zone _____

By (name): _____ on this date: _____

Signature: _____

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the Government of Canada.



An initiative of:

