

Bicycle Nova Scotia Grassroots Funding Application

Name:

Address:

Phone #:

Email:

Amount being requested:

1) **Event Type:** (Training Camp, Introductory Camp, Event, Workshop, Clinic) :

- **Date:**
- **Location:**
- **Lead Organizer:**
- **Coach:**

2) **Description of Program:**

3) **Overall Cost of Program:**

4) **Estimate Participants:**

5) **Cost per Participants:**