



Request for Funding Out of town Provincials/Inter Cities

Team Name _____

Provincials Tier:

Age Group _____ Division _____

Inter-Cities A B

Coach _____

City _____

Manager _____

Date _____

List of Players:

1 _____

9 _____

2 _____

10 _____

3 _____

11 _____

4 _____

12 _____

5 _____

13 _____

6 _____

14 _____

7 _____

15 _____

8 _____

16 _____

Coach's Signature _____

Please send the completed form to Calgary Blizzard Soccer Club, Suite 252, 234 – 5149 Country Hills Blvd NW, Calgary, Alberta T3A 5K8 or email to gm@calgaryblizzard.com

Please provide the contact name and bank account name. The Administrator will contact the team when the cheque is ready.

Name _____ Coach Manager

Email _____ Phone Number _____