



APPLICATION

City of Elliot Lake Event Support Program

Event Name: _____

Type of Event: _____

Organization Requesting Support: _____

Primary Contact Person: _____

Telephone: _____ Fax: _____

E-Mail: _____

Address: _____

Amount Requested: \$ _____

Instructions:

Please complete the information in the application using reasonable estimates.
Note that final payment may be contingent on proof that estimates were achieved.

Attach a detailed event budget including projected revenue and expenses.

Submit application and direct questions to:

Email: info@city.elliottlake.on.ca

Applications can also be dropped off at:

City Hall
Attn: Event Support
45 Hillside Drive North
Elliot Lake, ON
P5A 1X5

Note: Review of applications may take up to 4 weeks.

For Internal Use Only	
Date Received:	
Review Date:	
Reply Forwarded to Contact:	



Elliot Lake

Event Details

Event Description: _____

Date(s): _____

Main Venue(s): _____

Other Facilities: _____

Has the event been held in Elliot Lake in the past? (Circle one) YES NO

Date of last time held in Elliot Lake: Is this a sanctioned event? (Circle one) YES NO

Sanctioning Body _____

Event Impact

Total Participants: _____

Non-Resident Participants: _____ Resident Participants: _____

Origin of Non-Resident Participants: _____

Estimated Room Nights: _____

Target Market: (Demographics and origin of participants)

Marketing and Outreach For Event: (media used, type of ad/listing, etc.) _____

Financial Details

Without City support, would this event occur? (Circle one) YES NO

Without City support, will this event lose money? (Circle one) YES NO

How much money will the event lose without City support? _____

If a surplus is realized, where will it go and what will it be used for? _____

Describe what will be accomplished due to City support:

(ex. increase prize purse or decreased registration fees will increase competitors, marketing will be increased, etc.) _____

When are the funds needed ? (i.e. before or after event) _____

Is this event a fundraiser? (Circle one) YES NO

If yes, who will receive the funds raised? _____

Will other fundraising activities occur at this event? (Circle one) YES NO

If yes, briefly list the activities and the benefiting group _____

Volunteer hours that will be contributed to event: _____

List volunteer groups involved. _____

List any other details of your event that might be useful in considering financial support. Use this area to justify estimates provided and funding amount requested. _____