



PROVINCIAL / ZONE HOSTING GRANT

HOSTING ORGANIZATION: (Team)

Contact Person: _____ Address: _____

City / Town: _____ Postal Code: _____

To whom the cheque should be made out to: _____

Playoff held at: _____ Date: _____

CATEGORY:	<input type="checkbox"/> FP	<input type="checkbox"/> Male	<input type="checkbox"/> U10	<input type="checkbox"/> U21
	<input type="checkbox"/> SP	<input type="checkbox"/> Female	<input type="checkbox"/> U12	<input type="checkbox"/> Intermediate
		<input type="checkbox"/> Co-Ed	<input type="checkbox"/> U14	<input type="checkbox"/> Senior
			<input type="checkbox"/> U16	<input type="checkbox"/> Masters
			<input type="checkbox"/> U18/19	
<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	

NUMBER OF TEAMS PARTICIPATING: _____

Hosting grant will be paid as per: MINOR - # of teams x \$200.00
 ADULT - # of teams x \$200.00

(Zone Playoff - \$200 per team in attendance less the number of teams that advance from this playoff to the provincial Championships)

DEADLINE FOR APPLICATION: SEPTEMBER 15

PLEASE NOTE: It is the Alberta Amateur Softball Association policy not to honour cheques not cashed after six (6) months. Please ensure that you have cashed your cheques for the "Provincial Playoffs Hosting Grant."

Return application to: **Softball Alberta**
 9860 - 33 Ave.
 Edmonton, AB
 T6N 1C6

----- (Office use only) -----

Number of teams: _____ Total of Hosting Grant: _____

Date granted: _____ Signature: _____