



TRAPPERS COUNCIL WORKSHOP FINANCIAL ASSISTANCE APPLICATION FORM

COUNCIL NAME: _____

ADDRESS: _____

CONTACT NAME: _____

PHONE NUMBER: _____

AMOUNT REQUESTED: _____

PURPOSE OF FUNDING: _____

DATE REQUIRED: _____

WILL THE WORKSHOP BE OPEN TO ALL TRAPPERS? _____

WILL THE WORKSHOP BE OPEN TO THE PUBLIC? _____

APPROXIMATE NUMBER OF PEOPLE EXPECTED TO ATTEND: _____

WILL THE WORKSHOP BE HELD IN CONJUNCTION WITH ANOTHER TRAPPERS COUNCIL(S)? _____

IF YES, WHICH ONE(S)? _____

ZONE DIRECTOR SIGNATURE: _____

A workshop agenda or a brief description must be attached.