



# FUNTEAM SOCCER EVENT GRANT APPLICATION

## APPLICANT INFORMATION

Group/Community/Activity: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

## EVENT INFORMATION

Event Location: \_\_\_\_\_

Event Date: \_\_\_\_\_

How many participants are you expecting? \_\_\_\_\_

**What is the purpose of the tournament? How will this be reflected in the scheduling of games and the composition of teams?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Will there be a tournament wind-up? If so, please tell us what you had in mind.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Will teams play an equal number of games? Will participants have equal playing time?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EVENT FUNDING

Please indicate how the funding will be used.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you agree to provide FunTeam with a written report if your grant is approved? Yes /No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Fits w/FT Principles:  Sportsmanship:  Inclusive:  Use of funds appropriate:

**Approved: Yes / No**