



## Northern Shaolin Lung Chi Cheung Martial Arts (Canada) Association

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### TOURNAMENT SPONSORSHIP APPLICATION

Please submit application prior to tournament participation. Deadline for submission is the day of the tournament. Applicants will be notified of decision by email. Once approved, you will receive a reimbursement form. Please note that you will be required to submit a RECEIPT within 30 days of the tournament for reimbursement.

#### APPLICANT INFORMATION:

FAMILY NAME:		FIRST NAME:	
STREET ADDRESS:			
CITY:	PROVINCE:	POSTAL CODE:	
HOME PHONE:	CELL PHONE:	E-MAIL ADDRESS:	
LOCATION REGISTERED AT:			
<input type="checkbox"/> Britannia <input type="checkbox"/> Confucius Institute <input type="checkbox"/> Douglas Park <input type="checkbox"/> Killarney <input type="checkbox"/> Lochdale Hall <input type="checkbox"/> Pinetree <input type="checkbox"/> Tai Chi			
DATE OF APPLICATION: (day/month/year)		MEMBERSHIP #: <small>OFFICE USE ONLY</small>	

#### TOURNAMENT DETAILS:

TOURNAMENT NAME: <i>CAN-AM International Martial Arts Championships</i>		
LOCATION OF TOURNAMENT: (Please include city) <i>Richmond Olympic Oval, 6111 River Road, Richmond, BC</i>		
DATE: (day/month/year) <i>May 27 &amp; 28, 2017</i>		
EVENTS YOU ARE REGISTERING FOR:		REGISTRATION FEES:
EVENT	AGE CATEGORY	
1. _____	_____	1. _____
2. _____	_____	2. _____
3. _____	_____	3. _____

#### FUNDING REQUEST:

NSLCCMACA may sponsor up to 50% of registration fees.

<input type="checkbox"/> This is my first request for sponsorship in 2017. <input type="checkbox"/> I have been sponsored for other 2017 tournaments.		Sponsorship Requested for: <input type="checkbox"/> One Event <input type="checkbox"/> Two Events <input type="checkbox"/> Three Events	
Applicant Signature:		Parent/Guardian Signature: (if Applicant is under 18 years old)	
Instructor Signature:		Parent/Guardian Name: (First & Last) Please print.	
OFFICE USE ONLY: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED RATIONALE:		AMOUNT APPROVED: CHQ#: DATE WRITTEN:	