

REPORTING – MANDATORY

A one page report must be submitted after the Lil NHL. This brief summary should include your accomplishments, experiences and any other relevant comments. You will be required to submit your report, verification of community service form and proof of public acknowledgment to the Dreamcatcher Fund one month after the Lil NHL.

COMMUNITY SERVICE

Provide specific name of group, activity or organization that you will be volunteering for (ie: assisting with a minor sports organization, school, powwow, community events, helping seniors, community beautification) and description of what you will actually be volunteering at, a minimum of two hours of volunteerism is required. Community Service is to be completed upon approval of funds. Must provide letters (including team/group list of those who volunteered) verifying completion of community service upon request, failure to complete Community Service may effect future applications.

ACKNOWLEDGEMENT

Must provide description of how you will acknowledge the contribution of the Dreamcatcher Fund (ie. appreciation certificate, newspaper ad, plaque, photo, presentation, etc):

BUDGET

Dreamcatcher Fund will be assisting team applications only. Please be advised only accommodations are being funded. Please complete the required information below.

<p><u>Team Information</u> Please list <i>hotel</i> costs required. Eligible costs include only hotel & taxes. (maximum of 3 team personnel are accepted)</p>	<p>Up to a maximum of \$5, 000.00 for accommodations based on players & team personnel @ \$250.00 each</p>
<p>Hotel Name – (please provide hotel quote)</p>	<p>\$</p>
<p>___x Players ___x Team Personnel</p>	<p>Team Total =</p>
<p>HOTEL COSTS</p>	<p>\$</p>

APPLICANT CHECKLIST:

- O **TEAMS** must include list of **ALL** players and coaches/team personnel including date of birth, home Ontario First Nation and 10 digit band number.
- O I agree to meet the Reporting Requirements as outlined above. I understand that failure to meet the Reporting Requirements will affect any future applications I may wish to submit to The Dreamcatcher Fund.

SIGNATURES:

This application form **must** be signed by **TWO** individuals over the age of majority (19 years of age).

Name: _____ Signature: _____
Please Print

_____ Date: _____
Title/Relationship to Applicant

Name: _____ Signature: _____
Please Print

_____ Date: _____
Title/Relationship to Applicant

This application form must be submitted by Person, Mail or Courier to the Dreamcatcher Fund at the following address, faxed or e-mail applications are **NOT** accepted:

Mailing Address: Manager,
 The Dreamcatcher Fund,
 P.O. Box 659,
 Ohsweken, Ontario.
 NOA 1MO

Location: Iroquois Lacrosse Arena,
 3201 Second Line,
 R.R. # 6
 Hagersville, Ontario.
 NOA 1H0

Telephone: (905) 768-8962
Toll Free: 1-866-508-6795
Fax: (905) 768-8963

Website: www.dcfund.ca
E-Mail: info@dcfund.ca

The Application Form must be received by the Fund by **Monday February 15th - 2:00 p.m**