

# Community Event Assistance Program Application:

Return application to: Saanich Recreation Community Services  
770 Vernon Avenue, Victoria BC V8X 2W7

Name of group/organization and contact name and number:

---

---

---

---

Details of event or workshop ie: date, time, detailed budget and cost to participants:

---

---

---

---

Goals for your event:

---

---

Number of participants anticipated (age breakdown if possible):

---

Detail why this would be considered a L.I.F.E. event:

---

---

---

How this event would affect the community:

---

---

---

Is this a new program for your organization?

---

---