

**B.C. JUNIOR GOLF ASSOCIATION
PLAYER DEVELOPMENT TRUST FUND**

PROGRAM ASSISTANCE APPLICATION

NAME OF PROGRAM: _____

CONTACT INFO: NAME _____

POSITION: _____

EMAIL: _____ **PHONE #** _____

NUMBER OF PLAYERS: _____ **IS THERE A PLAYERS FEE:** _____

NEW OR AGE OF PROGAM: _____

CURRENT FUNDING IF ANY: _____

AMOUNT OF REQUEST: (max amt \$1500) _____

DESCRIPTION OF PROGRAM:

Summary of program required upon completion

SEND APPLICATIONS TO: jcroucher65@gmail.com OR for more information call 250-318-3527
Jack Croucher - Chair