

Kawartha Bingo Sponsor's Association Inc.

Organization Name:		Date of Application:
Mailing Address:	City/Town/Postal Code	
Office Telephone:	Email	Charitable Reg. # (if any)
Principal Contact Name:		Title:
Day Telephone:	Night Telephone:	Email:

Additional contact and volunteer information will be requested upon approval of this application

Total Fundraising Goal for 2021-2022: \$	Please attach your 2020 fundraising information. All documents are kept confidential.
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How much is your goal to earn through bingo fundraising? \$

How will this money raised benefit our local community:

Use reverse if necessary

Please attach any supporting documents that you feel may assist in processing your application

How long has the organization been in existence?	# of Members in your organization?
How many people in the Peterborough area benefit from your organization?	How many staff & volunteers does the organization have?
These fundraising dollars will (check one) <input type="checkbox"/> Augment current fundraising <input type="checkbox"/> Be the only source of fundraising	
Are you currently fundraising through bingos elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How will you promote Delta Bingo & Gaming Centre:	

This application is valid for the 2021-2022 fiscal year.



Delta Bingo and Gaming Centre
1019 Clonsilla Av Ptbo K9J 8B9

Principal Contact Signature:

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