

**RICHMOND COUNTY YOUTH ADVISORY COU NCIL
APPLICATION FORM**

Please send completed for to:
Clifford Boudreau
Richmond County Recreation Director
Box 120
Arichat, NS B0E 1A0

or Fax or email to:
Fax: 226-0295
Email: cboudreau@richmondcounty.ca

Date:

Sponsoring Organization:

Address:

Name of person filing out form:

Telephone:

Funding Request Information:

Purpose:

Total Program Costs: \$

Funding requested: \$

Signature:

Office Use Only:

Accepted: _____

More information required: _____

Rejected: _____

Date: _____