

DMF Support Application

Official Name of Event: _____

Date of Event: _____ Location: _____

Hosted By: _____

Contact Name & Telephone: _____

Address: _____ Email: _____

Event held in Cornwall annually Event held in Cornwall one time only

Number of out-of-town teams/participants expected: _____

Visiting teams/participants expected from: _____

Number of local teams/participants expected: _____

How many hotel rooms do you expect to require: _____ For how many nights: _____

Boys: Girls: Age of participants: _____ Adults Seniors

Do you expect families/parents to travel with the teams/participants Yes No

Is a banquet part of the event: Yes No If so, where will it be held: _____

What is the expected total budget to run your event: _____

What support are you requesting from the DMF: _____

What will these funds be used for: _____

What is your purpose in hosting this event: _____

What recognition will you provide for the three DMF Accommodation Properties:

Other pertinent information: _____

Return this form to Linda Wilson – linda@cornwalltourism.com or by fax 613-938-4751 Tel: 613-938-4748

