



## DELEGATE REGISTRATION SUBSIDY APPLICATION FORM

Chorus name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Email address: \_\_\_\_\_

Total number of subsidies requested: \_\_\_\_\_

Date completed: \_\_\_\_\_

### List of subsidies requested

*Please provide the following information for each individual for whom a subsidy is requested. Please do NOT include individual's names in this form.*

#	Subsidy Level	Reason for Subsidy	Other Assistance	Notes
1				_____
2				_____
3				_____
4				_____
5				_____
6				_____
7				_____
8				_____
9				_____
10				_____

Chorus name: \_\_\_\_\_

Date completed: \_\_\_\_\_

#	Subsidy Level	Reason for Subsidy	Other Assistance	Notes
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				