



This form may be obtained from our website:

www.aglc.ca

HOST FIRST NATION TRAVEL ITINERARY

**THIS FORM MUST BE SUBMITTED AND APPROVED
BEFORE GAMING PROCEEDS CAN BE USED FOR TRAVEL OUTSIDE ALBERTA**

Return this form to:
Regulatory Services
50 Corriveau Avenue, St. Albert, Alberta T8N 3T5
Toll-Free: 1-855-506-1066 / Fax: 780-447-7505

For travel outside of Canada, the group must demonstrate a similar activity does not exist in Canada.

Eligible travel in Alberta does not require the submission of a Travel Itinerary Form.

Note: The travel must be directly related to delivery of the program.

ORGANIZATION NAME

Name: _____ I.D.#: _____

Address: _____

_____ City/Town

_____ Postal Code

SIGNING AUTHORITIES

We certify that all information and documents supplied are correct.

Executive #1 Signature: _____

Print Full Name: _____

Position Held: _____

Mailing Address: _____

_____ Postal Code

Contact Phone: _____ Email: _____

Executive #2 Signature: _____

Print Full Name: _____

Position Held: _____

Mailing Address: _____

_____ Postal Code

Contact Phone: _____ Email: _____

EVENT

Name: _____

Destination: _____ Dates: _____

Describe the activity/event:

*The following information must be attached to this form:

- Letter of invitation / approval / sanction list
- Detailed daily schedule.
- List of names and positions held for all individuals traveling.
- If Registration Fee applies, provide detailed breakdown of costs included in fee.

*Refer to Host First Nation Charitable Casino Policies Handbook – Section 7.30 - Travel.

EVENT (Con't)	
Number of Participants: _____	Number of Support Staff: _____
<i>(Attach list of names and positions held with organization. Note: 1 support person per 5 participants or portion thereof – see Interpretation Bulletin)</i>	

ESTIMATED EXPENSES	Cost	# of Persons	# of Days	Sub-Total
Transportation Costs	\$ _____ x _____	_____ x _____	_____ = _____	\$ _____
Vehicle Rentals	\$ _____ x _____	_____ x _____	_____ = _____	\$ _____
Equipment Transportation	\$ _____ x _____	_____ x _____	_____ = _____	\$ _____
Accommodation	\$ _____ x _____	_____ x _____	_____ = _____	\$ _____
Food	\$ _____ x _____	_____ x _____	_____ = _____	\$ _____
Registration Fees	\$ _____ x _____	_____ x _____	_____ = _____	\$ _____
TOTAL				\$ _____
LESS: NON-GAMING CONTRIBUTIONS				\$ _____
GAMING PROCEEDS REQUESTED				\$ <input style="width: 100px;" type="text"/>

FOR OFFICIAL USE ONLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Incomplete	Total Gaming Proceeds Approved: \$ <input style="width: 100px;" type="text"/> Signature: _____ Date: _____
Comments/Conditions: _____	

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of administration of all policies and processes relating to Host First Nation Charitable Gaming. Direct any questions about this collection to: AGLC FOIP Coordinator, 50 Corriveau Avenue, St. Albert, AB T8N 3T5 780-447-8600 or toll free at 1-800-272-8876.