

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: _____

Gender

☐

Male

☐

Female

☐

Non-binary

☐

Prefer not to disclose

Position Held: _____

Mailing Address: _____

Postal Code

Contact Phone: _____

Email: _____

Executive #2 Signature: _____

Print Full Name: _____

Gender

☐

Male

☐

Female

☐

Non-binary

☐

Prefer not to disclose

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: _____

(Attach list of names and positions held with organization. Note: 1 support person per 5 participants or portion thereof – see Interpretation Bulletin)

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 type="text"/>

FOR OFFICIAL USE ONLY

☐ Approved

Total Gaming Proceeds Approved:

\$

☐ Not Approved

☐ Incomplete

Signature: _____

Date: _____

Comments/Conditions: _____

Protection of Privacy

The personal information requested on this form is collected under the authority of Section 4(c) of the Alberta *Protection of Privacy Act*. It will be used for the administration of all policies and processes relating to Charitable Gaming Licensing. Automated systems may be used for internal analytics and/or support. If you have any questions, please contact our Privacy Officer at privacy@aglc.ca or via mail: AGLC, 50 Corriveau Avenue, St. Albert, AB T8N 3T5.