

This form may be obtained from our website:

www.aglc.ca

TRAVEL ITINERARY

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

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 required for the group to deliver its programs in Alberta. Travel that is social, recreational or administrative in nature is not eligible.

A Request to Amend Use of Gaming Proceeds form is not required when submitting a Travel Itinerary form.

Return this form to:

AGLC Reguatory Services Use of Proceeds

50 Corriveau Avenue St. Albert, AB T8N 3T5

Use of Proceeds Line: 780-651-7600 ext. 3 Toll-Free: 1-855-506-1066 ext. 3 Fax: 780-447-8911 or 780-447-8912 Email: gaming.useofproceeds@aglc.ca

website: www.aglc.ca

RGANIZATION NAME							
Name:	I.D.#:						
Address:							
	City/Tow	'n	Postal Code				
	d make copies of all records stitution(s).	relating to this request and/o	authorized us to make this request. Any AGLO or licence. This includes the approved bank				
Print Full Name:			Date of Birth: yy mm dd				
Mailing Address:							
			Postal Code				
Residence Phone:	Business Phone:	Fax: ()	Email:				
			L				
Treasurer Signature:							
Print Full Name:			Date of Birth: yy mm dd				
Mailing Address:							
			Postal Code				
Residence Phone:	Business Phone:	Fax:	Email:				
()	()	[()					
/ENT							
Destination:							
Describe the activity/event:							
•							

*The following information must ☐ Letter of invitation / appro ☐ Detailed daily schedule. ☐ List of names and position ☐ If Registration Fee applie	oval / sanction l	list – see Sp individuals t	pecial Terms and raveling.								
*Refer to Charitable Gaming Policies Handbook – Specific Use of Proceeds – Travel at aglc.ca.											
EVENT (Con't)											
Number of Participants:					pport Staff:						
(Attach list of names and positions held with organization. Note: 1 support person per 5 participants or portion thereof – see Interpretation Bulletin)											
Individual Non Gaming Participar					ing Support Staff C	ontrib	outions:\$				
Number of individu											
Number of individuals over the age of 21:											
*Sports groups must ensure a minimum of 50% of its gaming proceeds are used on its youth programs.											
ESTIMATED EXPENSES	Cos	st	# of Persons		# of Days		Sub-Total				
Transportation Costs	\$	X		х	=	=	\$				
Vehicle Rentals						=	\$				
Equipment Transportation						=	\$				
Accommodation						=	\$				
Food	\$					=	\$				
Registration Fees	\$	X		х _	= TOTA	: 	\$				
		. FCC.	NON CAMIN	·			\$				
		LESS:	NON-GAMIN	IG CC	ONTRIBUTION	15	\$				
GAMING PROCEEDS REQUESTED \$											
FOR OFFICIAL USE ONLY											
Approved											
☐ Not Approved				5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>				
☐ Incomplete											
Comments/Conditions:											