

**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.

Return this form to:

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

AGLC
Regulatory 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

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.

ORGANIZATION NAME

Name: _____ I.D.#: _____

Address: _____

City/Town

Postal Code

SIGNING AUTHORITIES

WE CERTIFY THAT: all information and documents supplied are correct, and the group has authorized us to make this request. Any AGLC Inspector may examine and make copies of all records relating to this request and/or licence. This includes the approved bank account(s) at any financial institution(s).

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: _____

(over)

*The following information must be attached to this form:

- Letter of invitation / approval / sanction list – see Special Terms and Conditions For Travel.
- 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 Charitable Gaming Policies Handbook – Specific Use of Proceeds – Travel at aqic.ca.

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)

Individual Non Gaming Participant Contributions: \$ _____ Individual Non Gaming Support Staff Contributions: \$ _____

***Sports groups must ensure a minimum of 50% of its gaming proceeds are used on its youth programs.**

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

Not Approved

Incomplete

Total Gaming Proceeds Approved: \$

Comments/Conditions: _____
