

# True North Sports + Entertainment Limited Community Use Program Application

Please complete each field, even if your response is non-applicable(n/a). Your application will be reviewed in accordance with the ranking methodology described in the FAQ's.

In addition to the information requested below, please provide the expenses and revenue projections for your event.

**APPLICANT DETAILS**

Legal name of Organization: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: Work: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Is your organization  for-profit  not-for-profit

Is your organization a registered charity  No  Yes (please provide charitable status number)

When was your organization established? \_\_\_\_\_

What is the mandate of your organization? \_\_\_\_\_

Number of staff: \_\_\_\_\_ Number of volunteers: \_\_\_\_\_

Organization Website: \_\_\_\_\_

What involvement does your organization have in other activities in the community?

**EVENT LOGISTICS**

*(Please note that you will have an opportunity to describe the details of your event in full on the next page).*

What is the title of your event? \_\_\_\_\_

What is the proposed date of your event? \_\_\_\_\_

What is the proposed back-up date for your event? \_\_\_\_\_

Is your event currently on hold at the Bell MTS Iceplex? \_\_\_\_\_

What are the main types of activities that will take place at your event?  
\_\_\_\_\_

What is the proposed timeline on the day/s of your event (if required, you may attach a separate schedule to your application)? i.e. 9:00 Set-up, 9:30 Open doors to Public, 10:00 Greetings, etc  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What areas of the Bell MTS Iceplex do you plan to use for your event?

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## EVENT DETAILS

In 1,500 words or less (total), please provide a response to the following request for additional details:

Are you applying for a  no cost event or  cost recovery event? Please provide rationale for your request.

Is your event for fundraising purposes?  No  Yes Please provide details

What is the mandate/objective of your event?

Is your event a new activity not currently offered in the City of Winnipeg or Province of Manitoba?  No  Yes

Is there a demonstrated need for the event?  No  Yes please provide details.

Does your event promote healthy living principles and positively influence the quality of life and wellbeing of Manitobans and their communities?  No  Yes Please provide details

Will your event make a financial or in-kind contribution to the broader community?  No  Yes Please provide details

Is your event for fundraising purposes?  No  Yes Please provide details

Does your event provide for the participation of youth?  No  Yes Please provide details

Are you collaborating with other organizations in staging your event?  No  Yes Please provide details

Is your event general admission and open to the public?  No  Yes Please provide details

Will you sell tickets to your event?  No  Yes Please provide details, including dollar amount per ticket?

Does your event provide opportunities for strengthening the community?  No  Yes Please provide details.

Does your event nurture individual and community pride, self-reliance and leadership?  No  Yes Please provide details

Does your event enhance community knowledge and skills?  No  Yes Please provide details

Does your event foster balanced, equitable and sustainable economic development in Manitoba?  No  Yes Please provide details

Does your event provide opportunities for volunteers and promote volunteerism?  No  Yes Please provide details

Where and when have you held previous events of this nature? Please describe.

If the possible, do you plan to hold your event at the Bell MTS Iceplex for more than one year? If so, when?

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Is there risk associated with your event? If so please describe and how you plan on managing it.

How do you plan to promote the event?

What opportunities will be lost if the event does not happen this year?

Is there any other information that you wish to provide?

\_\_\_\_\_

Please note that the TN Iceplex Ltd. is subject to the True North Privacy Policy, for more information visit <http://www.truenorth.mb.ca/footer/privacy.php>. On behalf of the applicant organization, I acknowledge that I have read and understood the conditions in the Community Use Program Application Form and agree to comply with them. I certify that to the best of my knowledge, the information provided is accurate and will comply with the terms and conditions of the Community Use Program. All applications granted will be required to acknowledge the support of the Bell MTS Iceplex's Community Use Program in any promotional or publicity material and may be included on the Bell MTS Iceplex website. A 50% deposit is required (30 days prior to the event date) to act as a non-refundable damage/event confirmation deposit. The outstanding balance which will be listed on the Estimated Expenses will be due 48 hours prior to the event. Failure to pay will result in the cancellation of your event.

\_\_\_\_\_  
Signature  
Title/Position:  
Name of Organization:

\_\_\_\_\_  
Date

On behalf of True North Sports + Entertainment Ltd, we thank you for your interest in this program.