

# Asessippi Gift Card Fundraising Program Application



<b>School Information</b> Name: _____ Address: _____ City: _____ Postal Code: _____ Phone: _____ Fax: _____ Email: _____ Website: _____	<b>Contact Information</b> Name: _____ Daytime Phone: _____ Cell or Alternate Phone: _____ Email: _____ Date of Ski Trip: _____ 2 <sup>nd</sup> Date (if applicable): _____  Total fundraising goal: \$ _____
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Do you have any other funding or revenue sources for this ski trip? \_\_\_\_\_

If so, who/what? \_\_\_\_\_

Have you received funding from Asessippi Ski Area & Resort in the past? \_\_\_\_\_

**Declaration:**

I, \_\_\_\_\_, am the authorized representative of \_\_\_\_\_ (name of school).

To the best of my knowledge the information I have provided on this application form is correct. If Asessippi Ski Area & Resort agrees to approve this application, funding will be used exclusively for the purpose described.

Signed: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**Mail or Fax Application Package (Cover Letter and Application Form) to:**

Asessippi Ski Area & Resort  
Box 70  
Inglis, MB, R0J 0X0  
Fax: 204-564-2179

**QUESTIONS?**

Call: 1-888-564-2001

Email: [accounting@asessippi.com](mailto:accounting@asessippi.com)