



Application Form

Name of Applicant's Organization: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____ Extension: _____

Name of Executive
Director/Principal/President
(Signing Authority): _____

Phone Number: _____ Email Address: _____

Cell Number: _____

- Organization Incorporated as (please check):
- Registered Charity
 - Non-Profit Society
 - School
 - Government Agency
 - Other (please specify): _____

If Registered Charity, provide CRA number: _____

If Licensed Group Home, provide License number: _____

If Non-Profit Society, provide Society's number: _____

- Describe the services your organization provides that align with Kids Up Front’s mission of “providing access to arts, culture, sports, and recreation for kids that need the opportunity.” (Please feel free to attach additional information).

2. Which of the following best describe the demographics your agency serves? Check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Newcomers | <input type="checkbox"/> Rural | <input type="checkbox"/> Low income/Priority Neighborhood |
| <input type="checkbox"/> At-risk | <input type="checkbox"/> Health barriers | <input type="checkbox"/> Indigenous |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Women & Children | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Addictions | <input type="checkbox"/> Foster care |
| <input type="checkbox"/> LGBTQ | <input type="checkbox"/> Francophone | <input type="checkbox"/> Other |

3. Which best describes your agency and/or programs. Check all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> After School | <input type="checkbox"/> Community center | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Families | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Government Program |
| <input type="checkbox"/> Health Center | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Religious affiliation |
| <input type="checkbox"/> Residential | <input type="checkbox"/> School | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Summer Camp | <input type="checkbox"/> Other | |

4. Please describe the added value or benefits your organization would receive with access to Kids Up Front event tickets:

5. Event/Ticket Interests (check all that apply):

- | | | |
|--------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Attractions | <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Camps | <input type="checkbox"/> Concerts | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Festivals | <input type="checkbox"/> Football | <input type="checkbox"/> Hockey |
| <input type="checkbox"/> Movies | <input type="checkbox"/> Soccer | <input type="checkbox"/> Other Sports |
| <input type="checkbox"/> Theatre | | |

6. Do you get free event tickets from other organizations?

- Yes No

If yes, please provide the organization's name
and explain: _____

7. How many children do you serve in these categories?

0 – 6 years _____ 7 – 12 years _____ 13 – 18 years _____

8. How many children under 18 do you serve total? _____

9. Kids Up Front often receives tickets with short turn-around time frames. Can your organization handle last minute tickets?

- Yes No

If no, what amount of time does your organization require to respond to available event tickets?

10. Is your organization able to pick up event tickets at the Kids Up Front office which is located at 110, 105 12 Avenue in Calgary?

- Yes No

Is your organization able to provide waivers for photos and videos of Recipients? (This is not a requirement of our agency partners).

- Yes No

If no, please elaborate _____

11. What is your level of Commercial Liability Insurance coverage? Please attach a copy of your general liability insurance certificate/proof of insurance.

- \$1M
 \$2M

Over \$2M

Key Contact/Main Ticket Contact:

Name: _____
Position: _____
Office Phone Number: _____
Cell Number: _____
Email Address: _____

Alternative Ticket Contacts approved by Signing Authority (if necessary):

Name: _____
Position: _____
Office Phone Number: _____
Cell Number: _____
Email Address: _____

Name: _____
Position: _____
Office Phone Number: _____
Cell Number: _____
Email Address: _____

Name: _____
Position: _____
Office Phone Number: _____
Cell Number: _____
Email Address: _____

Please attached a separate sheet if you'd like more than four ticket contacts on our list.

Have you read and do you understand the attached agreement and guidelines?



Suite 110,
105 12 Avenue SW
Calgary, AB T2G 1A1

Yes

No

Have you included a **copy** of your current general liability insurance certificate? **Please include this document.**

Yes

No

If no, why?