



PROJECT APPLICATION FORM DONATIONS TO EXTERNAL WRESTLING PROGRAMS

Organization (WCL affiliate):	
Contact Person: Phone:	
Position held in organization:	
Email:	
Address:	
City / Town: Province: Postal Code: Postal Code:	
Project Information	
Name of Project:	
Project start date: Project end date:	
Project description: (attach additional information if required)	



- ☐ I understand the following "Limitations and Circumstances" that apply for requests for donated funds to be used in support of external WCL affiliates:
 - Funds must be used in support of affiliates involvement in WCL programs or WCL sanctioned events;
 - In no circumstances can donations be requested to go to or for the benefit of an individual;
 - In no circumstances can donations be requested to go to a Club or Program that will benefit the donor or a family member of the donor;
 - In no circumstances can the donor be solicited by a club or have a prearranged agreement with the club regarding their donation;
 - In accordance with CRA Policy Statements, WCL cannot operate as a donation conduit for a club's own purposes. A minimum of 20% of funds donated must be retained by WCL for its own use;
 - Donated funds must be spent in the fiscal year (April 1 March 31) in which they are received.

☐ I consent and agree that upon acceptance of donated funds, that I am bound by WCL's Donations & Tax Receipt Policy, in both spirit and principle and shall be jointly and severally responsible that I am in compliance with the Income Tax Act.		
Signature of Contact Person	Date	
Provincial / Territorial Sport Organization Endorsement (only required if donated funds are being spent at the club level):		
As a representative of(Provincial / Territorial Sport Organizat		
member in good standing of the PTSO.		
Signature of PTSO Representative	Date	
FOR OFFICE USE ONLY:		