

## Application Form

Name of Applicant Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Name of Executive Director / Principal / President:

\_\_\_\_\_

(Signing Authority)

Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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:

1. 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 and other opportunities:

5. Event 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     | <input type="checkbox"/> Museums  | <input type="checkbox"/> Art          |

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 or opportunities 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. If needed, is your organization ever able to pick up event tickets at Kids Up Front?

Yes       No

11. 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 \_\_\_\_\_

12. 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

Primary Experience Coordinator Contact:

(Receives announcements when new experiences become available)

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternative Experience Coordinators approved by Signing Authority (if necessary):

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternative Experience Coordinators approved by Signing Authority (if necessary):

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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

Yes

No

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

Yes

No