

# CASINO APPLICATION

## AFSS Gaming Program

### Association Information:

**Association Name:** \_\_\_\_\_

**Association Gaming Contact:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

\_\_\_\_\_  
Association President Name (Print Name)

\_\_\_\_\_  
Association President Signature

\_\_\_\_\_  
Association Treasurer Name (Print Name)

\_\_\_\_\_  
Association Treasurer Signature

**Date of Request:** \_\_\_\_\_

### Written Quotes

Written quotes from the vendor of your choice. All quotes require the following information: Vender's name, address, Phone number, contact person and detailed description of the product(s) wanting to purchase.

Option 1. Your member association can send the invoice directly to us and we will look after payment.

Option 2. Your member association can pay vendor and send us the original invoice for reimbursement.

✓ Indicate with a check mark what area best suits your request?

- Hosting
- Volunteer
- Athlete Assistance (see travel assistance form)
- Range Development

**Please provide a detail description of the product, service or travel expense requested.**

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**Amount of Request: \$ \_\_\_\_\_**

**Name of Company and address where you wish to purchase:**

**Name of Vendor: \_\_\_\_\_**

**Address of Vendor: \_\_\_\_\_**

**Contact name and phone number of vendor:**

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

**Phone #: \_\_\_\_\_**

*Alberta Federation of Shooting Sports*  
**CASINO FUNDS WORKSHEET**  
**Association name:**

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**\*ALL Claims must accompany receipts\***

**Instructions:** Fill out Columns A, B, and C with reference to your receipts.  
Fill out Column D with your approved amount in respect to your budget.

Treasurer Name:		Date of Claim:
Address:	City:	Postal Code:
President Name:	President Signature:	Phone #:

A. Payee	B. Item Details	C. Actual Amount	D. Amount Approved
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Total:    \$    \$