



This form may be obtained from our website:
www.aglc.ca

HOST FIRST NATION TRAVEL ITINERARY

**THIS FORM MUST BE SUBMITTED AND APPROVED
BEFORE GAMING PROCEEDS CAN BE USED FOR TRAVEL OUTSIDE ALBERTA**

For travel outside of Canada, the group must demonstrate a similar activity does not exist in Canada.

Return this form to:

AGLC, Regulatory Services

Eligible travel in Alberta does not require the submission of a Travel Itinerary Form.

50 Corriveau Avenue
St. Albert, AB T8N 3T5
Main: 780-447-8600
Toll-Free: 1-855-506-1066
Fax: 780-447-7505

Note: The travel must be directly related to delivery of the program.

Website: [aglc.ca](http://www.aglc.ca)

ORGANIZATION NAME

Name: _____ I.D.#: _____

Address: _____

City/Town Postal Code

SIGNING AUTHORITIES

We certify that all information and documents supplied are correct.

President Signature: _____

Print Full Name: _____

Mailing Address: _____

Residence Phone: _____ Business Phone: _____ Fax: _____ Email: _____

() () ()

Treasurer Signature: _____

Print Full Name: _____

Mailing Address: _____

Residence Phone: _____ Business Phone: _____ Fax: _____ Email: _____

() () ()

EVENT

Name: _____

Destination: _____ Dates: _____

Describe the activity/event:

*The following information must be attached to this form:

- Letter of invitation / approval / sanction list
- Detailed daily schedule.
- List of names and positions held for all individuals traveling.
- If Registration Fee applies, provide detailed breakdown of costs included in fee.

*Refer to Host First Nation Charitable Casino Policies Handbook – Section 7.30 - Travel.

EVENT (Con't)	
Number of Participants: _____	Number of Support Staff: _____
<i>(Attach list of names and positions held with organization. Note: 1 support person per 5 participants or portion thereof – see Interpretation Bulletin)</i>	

ESTIMATED EXPENSES	Cost	# of Persons	# of Days	Sub-Total
Transportation Costs	\$ _____ x _____	x _____	= _____	\$ _____
Vehicle Rentals	\$ _____ x _____	x _____	= _____	\$ _____
Equipment Transportation	\$ _____ x _____	x _____	= _____	\$ _____
Accommodation	\$ _____ x _____	x _____	= _____	\$ _____
Food	\$ _____ x _____	x _____	= _____	\$ _____
Registration Fees	\$ _____ x _____	x _____	= _____	\$ _____
			TOTAL	\$ _____
			LESS: NON-GAMING CONTRIBUTIONS	\$ _____
			GAMING PROCEEDS REQUESTED	\$ <input style="width: 100px;" type="text"/>

FOR OFFICIAL USE ONLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Incomplete	Total Gaming Proceeds Approved: \$ <input style="width: 100px;" type="text"/> Signature: _____ Date: _____
Comments/Conditions: _____ _____ _____	

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of administration of all policies and processes relating to Host First Nation Charitable Gaming. Direct any questions about this collection to: AGLC FOIP Coordinator, 50 Corriveau Avenue, St. Albert, AB T8N 3T5 780-447-8600 or toll free at 1-800-272-8876.