



100, 601 Bank Street  
Ottawa, ON  
K1S 3T4

### 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: \_\_\_\_\_

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:

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     |                                   |                                       |



100, 601 Bank Street  
Ottawa, ON  
K1S 3T4

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



100, 601 Bank Street  
Ottawa, ON  
K1S 3T4

**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?

- Yes                       No

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

- Yes                       No