VIRGINIA SALTWATER RECREATIONAL FISHING DEVELOPMENT FUND SUMMARY FISHING EVENT APPLICATION

Please complete all fields. This page should be used as a coversheet for a detailed application.

NAME AND ADDRESS O	F APPLICANT:	PROJECT LEADER: (name, phone, e	mail)
DESCRIPTIVE TITLE OF E	VENT:	PROJECT LOCATION:	
NUMBER OF PARTICPAI	NTS:	COST PER PARTICIPANT: (do not include chaperones)	
BRIEF EVENT PLAN SUM	IMARY:		
	pants or kept by the	e covered by the proposed funding, and if the organization for future events (for examp	-
		est per participant must be included, as wel t funding in the detailed budget*)	l as
	SUMI	MARY COSTS	
VMRC Funding:	\$		
Recipient Funding	\$		
Total Costs:	Ś		

^{*}This form alone does not constitute a complete application, see application instructions or contact Alicia Nelson at 757-247-8155 or alicia.nelson@mrc.virginia.gov