

APPLICATION GUIDELINES

- Host must contact poet to request permission to apply for funding and confirm availability, **prior to submitting application.**
- Application and Administrative Fee payment must be made and submitted **by the host.**
- Administrative Fees per reading: \$25 per FULL (solo), \$15 per HALF (joint). Cheques payable to League of Canadian Poets.
- Administrative Fees must be included with application and will be processed for approved readings only (non-refundable).

LIMITS

- Limit of four (4) full readings per host per fiscal year.
- Limit of five (5) full readings per poet per two (2) fiscal years. Poets must be full League members in good standing.
- Funding for cancelled readings is not transferable and will be redistributed by the League to pending applications.
- **Funding for eligible readings is distributed among all provinces and territories on first come first serve basis.**

DEADLINES

- For readings taking place between April 1 and September 30: February 15 deadline (first come, first served)
- For readings taking place between October 1 and March 31: July 31 deadline (first come, first served)
- Applications for funding for reserved readings may be submitted any time, at least four weeks in advance of the reading date.

We encourage electronic submissions via email to readings@poets.ca, but also accept post and fax submissions.

Please do not submit duplicates. For more information, visit poets.ca/cpt

1	POET NAME:	<input type="checkbox"/> LEAGUE RESERVED BOOK TOUR
	READING DATE (DD-MM-YYYY):	READING TIME: _____ : _____ am / pm
		<input type="checkbox"/> FULL <input type="checkbox"/> HALF
	FOR LEAGUE USE ONLY: NOTES:	M.LVL <input type="checkbox"/> 1ST YR <input type="checkbox"/> DUES PAID <input type="checkbox"/> LMT OK <input type="checkbox"/> APPR <input type="checkbox"/> BK TOUR <input type="checkbox"/> OVERDUE <input type="checkbox"/> OVR LMT <input type="checkbox"/> RJCTD INVOICE #
2	POET NAME:	<input type="checkbox"/> LEAGUE RESERVED BOOK TOUR
	READING DATE (DD-MM-YYYY):	READING TIME: _____ : _____ am / pm
		<input type="checkbox"/> FULL <input type="checkbox"/> HALF
	FOR LEAGUE USE ONLY: NOTES:	M.LVL <input type="checkbox"/> 1ST YR <input type="checkbox"/> DUES PAID <input type="checkbox"/> LMT OK <input type="checkbox"/> APPR <input type="checkbox"/> BK TOUR <input type="checkbox"/> OVERDUE <input type="checkbox"/> OVR LMT <input type="checkbox"/> RJCTD INVOICE #
3	POET NAME:	<input type="checkbox"/> LEAGUE RESERVED BOOK TOUR
	READING DATE (DD-MM-YYYY):	READING TIME: _____ : _____ am / pm
		<input type="checkbox"/> FULL <input type="checkbox"/> HALF
	FOR LEAGUE USE ONLY: NOTES:	M.LVL <input type="checkbox"/> 1ST YR <input type="checkbox"/> DUES PAID <input type="checkbox"/> LMT OK <input type="checkbox"/> APPR <input type="checkbox"/> BK TOUR <input type="checkbox"/> OVERDUE <input type="checkbox"/> OVR LMT <input type="checkbox"/> RJCTD INVOICE #
4	POET NAME:	<input type="checkbox"/> LEAGUE RESERVED BOOK TOUR
	READING DATE (DD-MM-YYYY):	READING TIME: _____ : _____ am / pm
		<input type="checkbox"/> FULL <input type="checkbox"/> HALF
	FOR LEAGUE USE ONLY: NOTES:	M.LVL <input type="checkbox"/> 1ST YR <input type="checkbox"/> DUES PAID <input type="checkbox"/> LMT OK <input type="checkbox"/> APPR <input type="checkbox"/> BK TOUR <input type="checkbox"/> OVERDUE <input type="checkbox"/> OVR LMT <input type="checkbox"/> RJCTD INVOICE #
		PROV. RQST APPR

FUNDED BY:



Canada Council
for the Arts
Conseil des arts
du Canada

CANADA POETRY TOURS
READING FUNDING APPLICATION

HOST (ORGANIZATION, UNIVERSITY, etc.):	CONTACT PERSON:
STREET ADDRESS:	CITY/TOWN:
PROVINCE:	POSTAL CODE:
PHONE:	EMAIL:
WEBSITE:	TWITTER:
READING SERIES NAME (if applicable):	INSTAGRAM:
VENUE:	CONTACT PERSON:
STREET ADDRESS: <input type="checkbox"/> Same as above	CITY/TOWN:
PROVINCE:	POSTAL CODE:
PHONE:	EMAIL:
WEBSITE/TWITTER:	EVENT COVER CHARGE: (\$)
ADMINISTRATIVE FEE _____ HALF READINGS x 15.00 \$ _____ _____ FULL READINGS x 25.00 \$ _____ DONATION \$ _____ TOTAL \$ _____	PAYMENT INFORMATION <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cheque Enclosed NAME ON CARD: _____ EMAIL FOR E-RECEIPT: _____ CARD #: - - - EXPIRY DATE (MM/YY): / CVV/CVC:

EMAIL: READINGS@POETS.CA FAX: 416-504-0096 MAIL TO: 101 - 688 RICHMOND ST. W., TORONTO, ON M6J 1C5

I consent to receive electronic communications from the League of Canadian Poets. (CASL requirement; the League will not add you to any mailing lists, but must be able to contact you for funding confirmation.

NOTE: You may withdraw your consent to receive electronic communications from the League of Canadian Poets at any time by emailing your request to admin@poets.ca or calling 416-504-1657.

NAME: _____ SIGNATURE: _____ DATE: _____

FOR LEAGUE OFFICE USE ONLY					
HOST	<input type="checkbox"/> OVR LMT	<input type="checkbox"/> LMT OK	<input type="checkbox"/> PMT	AMT (\$)	TRANS.#
NOTES:					