

APPLICATION GUIDELINES

- Application must be submitted by the host. Host must contact poet to request permission to apply for funding and confirm availability, prior to submitting application.
- Limit of four (4) readings per host per fiscal year.
- Limit of four (4) readings per poet per fiscal year.
- Poets must be Full level League members and in good standing for minimum of two (2) consecutive years to be eligible (does not apply to members in their first year of membership).
- Membership Dues must be paid in full for current and previous fiscal year.
- Readings in Public Places program the League funds poets' reading fees for eligible readings **in Toronto**.
- Readings are funded at **\$100 per reading**. Expenses are not claimable under this program.
- Funding for cancelled readings is not transferable and will be redistributed by the League to pending applications.
- Applications must be received at least four (4) weeks before date of reading. Please allow 2 - 3 weeks for processing.
- **Please print clearly.** Incomplete/illegible applications will **not** be considered for funding.
- Submit applications either **by email, mail or fax**. Do not submit duplicates.
- For host eligibility, deadlines and other important information please visit poets.ca/ripp.

1	POET NAME:		
READING DATE (DD-MM-YYYY):		READING TIME: _____ : _____ am / pm	
<i>FOR LEAGUE OFFICE USE ONLY</i>			
		M. LVL <input type="checkbox"/> 1 ST YR <input type="checkbox"/> DUES <input type="checkbox"/> OVR LMT <input type="checkbox"/> LMT OK <input type="checkbox"/> APPR	INVOICE #
NOTES:			
2	POET NAME:		
READING DATE (DD-MM-YYYY):		READING TIME: _____ : _____ am / pm	
<i>FOR LEAGUE OFFICE USE ONLY</i>			
		M. LVL <input type="checkbox"/> 1 ST YR <input type="checkbox"/> DUES <input type="checkbox"/> OVR LMT <input type="checkbox"/> LMT OK <input type="checkbox"/> APPR	INVOICE #
NOTES:			
3	POET NAME:		
READING DATE (DD-MM-YYYY):		READING TIME: _____ : _____ am / pm	
<i>FOR LEAGUE OFFICE USE ONLY</i>			
		M. LVL <input type="checkbox"/> 1 ST YR <input type="checkbox"/> DUES <input type="checkbox"/> OVR LMT <input type="checkbox"/> LMT OK <input type="checkbox"/> APPR	INVOICE #
NOTES:			
4	POET NAME:		
READING DATE (DD-MM-YYYY):		READING TIME: _____ : _____ am / pm	
<i>FOR LEAGUE OFFICE USE ONLY</i>			
		M. LVL <input type="checkbox"/> 1 ST YR <input type="checkbox"/> DUES <input type="checkbox"/> OVR LMT <input type="checkbox"/> LMT OK <input type="checkbox"/> APPR	INVOICE #
NOTES:			
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HOST (ORGANIZATION, UNIVERSITY, etc.):	CONTACT PERSON:
STREET ADDRESS:	CITY/TOWN:
PROVINCE:	POSTAL CODE:
PHONE:	EMAIL:
WEBSITE:	TWITTER:
READING SERIES NAME (If applicable):	
VENUE:	CONTACT PERSON:
STREET ADDRESS: <input type="checkbox"/> Same as above	CITY/TOWN:
PROVINCE:	POSTAL CODE:
PHONE:	EMAIL:
WEBSITE/TWITTER:	EVENT COVER CHARGE: (\$)
EVENT/READING DETAILS:	

HOST CONSENT

I consent to receive electronic communications from the League of Canadian Poets.

I DO NOT consent to receive electronic communications from the League of Canadian Poets.

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: _____

<i>FOR LEAGUE OFFICE USE ONLY</i>	
HOST	<input type="checkbox"/> OVR LMT <input type="checkbox"/> LMT OK
NOTES:	