## Membership Assistance Program FOLLOW UP

Sport Organization Name: ***MAP chacque payment will be made out to this name. Club Contact: Club Co	<b>GRANT INFORMATION</b>				
Club Contact: Address: City/Town: Phone Number: h) W  CATEGORIES **please note: All athletes must be registered members of Volleyball Canada & Sask Volleyball. The number of teams and athletes will be verified through the Online Registration System. Please provide a brief assessment of your MAP project:  13U - 15U Club team(s) # of 16U - 18U Club team(s) # of 16U teams: # of 16U teams: # of 16U teams: # of 16U teams: # of 17U teams: # of 17U teams: # of 18U					
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