

Membership Assistance Program FOLLOW UP

ACCREDITED CLUB Category

GRANT INFORMATION		
Sport Organization Name: ** MAP cheque payment will be made out to this name.		
Club Contact:		
Address:		
City/Town:		Postal Code:
Phone Number: h)	w)	Email:
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)	16U – 18U Club team(s)	Indoor Development athletes
# of 13U teams:	# of 16U teams:	# registered indoor dev athletes (not including
# of 14U teams:	# of 17U teams:	Athletes on any Club team(s):
# of 15U teams:	# of 18U teams:	
Total # 13U-15U teams:	Total # 16U-18U teams:	
PROJECT BUDGET		
Revenue:		
MAP Grant Received:		\$
Self Help:		\$
		\$
		\$
TOTAL REVENUE		\$
Expenses:		
		\$
		\$
		\$
		\$
TOTAL EXPENSES *Copies of documentation to verify expenses will be required with the follow-up report		\$
I hereby certify that the above information is correct and factual.		
Club Contact's Signature		Date
PROVINCIAL SPORT GOVERNING BODY USE ONLY:		
Date received:		Date reviewed:
Requirements met: <input type="checkbox"/>	Form complete: <input type="checkbox"/>	TeamLinkt registration <input type="checkbox"/>