



Saskatchewan Baton Twirling Association

Grassroots Development Badge Program

Grant Funding Report

Please submit this form within 30 days after program completion

ZONE #

Name of Club & Zone Number

SK-

Name of coach with SBTA membership number

Club Director/President & Club Secretary/Treasurer

- 1) Location of classes: _____
- 2) What day are classes held: _____
- 3) Time of classes: _____
- 4) Length of program: _____

Number of enrollment per badge:

White _____	Yellow _____	Orange _____	Red _____
Maroon _____	Grey _____	Green _____	Turquoise _____
Pink _____	Bronze _____	Silver _____	Gold _____
	Pin	Pin	Pin

Please list other instruction you will/may incorporate with the badge program at the same time (e.g.: basic and/or recital, parade routine, etc. using the badge program material)

Other related expenses:

Facility Rental _____

Adjudicator _____

Badges _____

Date of submission. _____

Signature of Club President/Director & Secretary/Treasurer

Please check that a copy of the SDP Master Examination sheet has been attached (required).

(SBTA use only)

Date rec'd: _____

SBTA Badge invoice: _____

Payment rec'd: _____

Grant total: _____

Cheque: _____

Sport Coordinator Signature

SBTA Treasurer Signature