



Saskatchewan Baton Twirling Association
Membership Assistance Program

Membership Assistance Program (MAP) ~ Application

Application Deadline is October 15th

(Please print)

Purpose: _____

Project Description: _____

President / Chairperson's Signature

Date

Name of Applicant (Club Name)

Contact Person

Address

City

PC

Phone: (H) _____

(C) _____

E-mail

PROJECTED BUDGET

MAP GRANT REQUESTED \$ _____

REVENUE: _____

SELF HELP:

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL REVENUE: \$ _____

EXPENSES: _____

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL EXPENSES: \$ _____



PSGB Use Only:

AMOUNT APPROVED \$ _____

DATE: _____ Chq # _____ (75%)