



Saskatchewan Baton Twirling Association

Membership Assistance Program (MAP) ~ Follow-up Report

(Please print)

Did the project meet the stated purpose? _____

Project Assessment: _____

I hereby certify the above information is correct and factual.

President / Chairperson's Signature

Date

Deadline for submission is August 1st

* Please attach all receipts verifying expenditures and Corporation Documents *

Name of Applicant (Club)

Contact Person

Address

City

PC

Phone: (H)

(C)

E-mail

[] Corporation Documents attached.

[] Copies of Receipts attached.

ACTUAL PROJECT COST

MAP GRANT RECEIVED \$ _____

REVENUE:

SELF HELP:

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

TOTAL REVENUE: \$ _____

EXPENSES:

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

TOTAL EXPENSES: \$ _____

PSGB Use Only:

AMOUNT APPROVED \$ _____

DATE: _____ Chq # _____ (25%)

