



Saskatchewan Baton Twirling Association Membership Assistance Program

Spending Plan

**** Audited Club Financial Statements and AGM minutes must accompany this application ****
Application Deadline is November 30, 2009

(Please print)

Purpose: _____

Project Description: _____

President / Chairperson's Signature

Date

Name of Applicant

Contact Person

Address

City PC

Phone: (H)

(W)

e-mail

PROJECTED BUDGET

MAP GRANT REQUESTED \$ _____

REVENUE:

SELF HELP: _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL REVENUE: \$ _____

EXPENSES:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL EXPENSES: \$ _____



Provincial Sport Governing Body Use Only:
AMMOUNT APPROVED \$ _____