



Saskatchewan Baton Twirling Association

Membership Incentive Grant ~ Follow-up Report

(Please print)

How did the grant funding assist your program? _____

Does your club/organization intend to offer this program again? [] **YES** [] **NO**

If "no" please state why: _____

I hereby certify the above information is correct and factual.

Applicant's Signature

Date

Deadline for submission is November 1st

**** Please attach receipt copies verifying expenditures ****

Name of Applicant or Organization

Contact Person

Address

City

P.C.

Phone: (H) _____

(W) _____

e-mail



**Please return to: SBTA
510 Cynthia Street
Saskatoon, SK S7L 7K7**

ACTUAL PROGRAM COST

GRANT RECEIVED \$ _____

REVENUE: _____

SELF HELP:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL REVENUE: \$ _____

EXPENSES: _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL EXPENSES: \$ _____