



## **Saskatchewan Baton Twirling Association**

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### **Zone Development Introductory Workshop Grant** (For Zones 3, 4, 5, 7, 8)

#### **Purpose:**

To assist individuals in promoting the sport of Baton Twirling, by assisting them financially with costs related to expanding the sport in the following sport zones: 3, 4, 5, 7, 8.

#### **Applicants must:**

- Be an SBTA member. (\$5 memberships are available)

#### **Funding Limits:**

- The total financial contribution per application shall not exceed \$250.
- Assistance shall depend upon the availability of funds.
- The following are not eligible for funding: capital expenditures, personal equipment, administration wages, uniforms, and ongoing activities.

#### **Eligible Programs:**

- One day (4 hours suggested) introductory clinic involving a SBTA Certified coach. A sanction number is required.

#### **What you have to do:**

To ensure funding please submit an application form at least thirty days prior to the event.

You must submit a follow-up report no later than sixty days after the event. This must include a financial report and a copy of all receipts.

SBTA and Sask Sport must be recognized on all event promotions.



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#### **APPLICATION FORM**

Name \_\_\_\_\_ SBTA # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Home Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

SBTA Sanction Number \_\_\_\_\_

Name of Event \_\_\_\_\_

Location of Event \_\_\_\_\_ Date of Event \_\_\_\_\_

Estimate Amount of Funding Requested \$ \_\_\_\_\_

What will the funds be used for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### **SBTA Use Only**

Date Received \_\_\_\_\_ Approved \_\_\_\_\_ up to \$ \_\_\_\_\_

Coach Notified \_\_\_\_\_ Signature \_\_\_\_\_



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#### **FOLLOW-UP REPORT**

Name \_\_\_\_\_ SBTA # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Home Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

SBTA Sanction Number \_\_\_\_\_

Name of Event \_\_\_\_\_

Location of Event \_\_\_\_\_ Date of Event \_\_\_\_\_

Amount of Funding Requested \$ \_\_\_\_\_

Please attach the following

1. A brief description of the event and the successes and things that could be improved.
2. A breakdown of expenses and revenues including all receipts.
3. A copy of all event promotions

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### **SBTA Use Only**

Date Received \_\_\_\_\_ Approved \_\_\_\_\_ up to \$ \_\_\_\_\_

Coach Notified \_\_\_\_\_ Cheque # \_\_\_\_\_ Signature \_\_\_\_\_