

SASKATCHEWAN TRIATHLON ASSOCIATION  
CORPORATION  
MEMBERSHIP ASSISTANCE PLAN  
**Follow Up Report**

Please Type or Print

Project Description: (as detailed as possible):

Project Date: \_\_\_\_\_

Did the project meet the stated purpose?:

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Project Description: \_\_\_\_\_

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**NOTE: Attach all receipts verifying expenditures**

I hereby certify the above information is correct and factual.

Chairperson's / President's Signature \_\_\_\_\_ Date \_\_\_\_\_

Budget Categories: STAC Fees: Registration/Race Fees:  
Donations/Sponsorships: Printing/Postage: Pool  
Rental: Facility Rental: Race Equipment/supplies:  
Awards/ Prizes: Trailer Transport: Meals:  
Advertising: Accommodations: Honorariums:  
Travel : Equipment Rental: Souvenirs: MISC.: T-  
Shirts/Caps/Bags: Announcing: Volunteers:

Provincial Sport Governing Body use only:

AMOUNT APPROVED		
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Please Type or Print

Official Name of Applicants \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Town / City \_\_\_\_\_ Postal Code \_\_\_\_\_

(H) \_\_\_\_\_ (W) \_\_\_\_\_

Telephone Numbers \_\_\_\_\_

E-mail \_\_\_\_\_

**PROJECT BUDGET**

REVENUE:

<i>Revenue Description</i>	<i>Category</i>	<i>Amount</i>
Registration/Race Fees	Registration/Race Fees	\$ _____
STAC Fees	STAC Fees	\$ _____
Donations/Sponsorships	Donations/Sponsorships	\$ _____
		\$ _____
		\$ _____
		\$ _____
<b>TOTAL REVENUE:</b>		\$ _____

EXPENSES:

<i>Expense Description</i>	<i>Category</i>	<i>Amount</i>
STAC Fees Remitted	STAC Fees	\$ _____
Trailer Transport	Trailer Transport	\$ _____
Printing/Postage	Printing/Postage	\$ _____
		\$ _____
		\$ _____
		\$ _____
<b>TOTAL EXPENSES:</b>		\$ _____
<b>SURPLUS / (DEFICIT)</b>		\$ _____
<b>MAP GRANT RECEIVED</b>		\$ _____

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Print Form

