SASKATCHEWAN TRIATHLON ASSOCIATION CORPORATION

MEMBERSHIP ASSISTANCE PLAN

SPENDING PLAN

Please Type or Print

Project Description: (as detailed as possible):

Project Date: _____

Purpose: _____

Project Description: _____

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		

Please Type or Print

Official Name of Applicants

Contact Person

Address

Town / City Postal Code

(H) (W)

Telephone Numbers

E-mail

PROJECT BUDGET

REVENUE:

Revenue Description	*Category*	*Amount*
Registration/Race Fees	Registration/Race Fees	$
STAC Fees	STAC Fees	$
Donations/Sponsorships	Donations/Sponsorships	$
		$
		$
		$
TOTAL REVENUE:		$

EXPENSES:

Expense Description	*Category*	*Amount*
STAC Fees Remitted	STAC Fees	$
Trailer Transport	Trailer Transport	$
Printing/Postage	Printing/Postage	$
		$
		$
		$
		$
		$
		$
TOTAL EXPENSES:		$
Projected Surplus / (Deficit)		$
MAP GRANT REQUESTED		$

Reset Form

Print Form

Saskatchewan LOTTERIES