



Saskatchewan Baton Twirling Association  
Membership Assistance Program (MAP)

**FOLLOW-UP REPORT**

(Please Print)

Did the project meet the stated purpose? \_\_\_\_\_

Project Assessment: \_\_\_\_\_

*I hereby certify the above information is correct and factual.*

\_\_\_\_\_  
President / Chairperson Signature

\_\_\_\_\_  
Date

**Follow-up reports must be received at the Sask Baton office on or before May 31st.**

**\*Please ensure all receipts verifying expenses have been attached\***

\_\_\_\_\_  
Name of Applicant (Club Name)

\_\_\_\_\_  
Contact Person/Club Position

\_\_\_\_\_  
Address

\_\_\_\_\_  
City PC

Phone: (H) \_\_\_\_\_  
(C) \_\_\_\_\_

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

**ACTUAL PROJECT COST**

MAP GRANT RECEIVED \$ \_\_\_\_\_

**REVENUE:**

Bingos \_\_\_\_\_ \$ \_\_\_\_\_

Fundraising \_\_\_\_\_ \$ \_\_\_\_\_

Other Grants \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL REVENUE:** \$ \_\_\_\_\_

**EXPENSES:**

**Receipts attached**

[ ] Facilities \_\_\_\_\_ \$ \_\_\_\_\_

[ ] Coaching \_\_\_\_\_ \$ \_\_\_\_\_

[ ] \_\_\_\_\_ \$ \_\_\_\_\_

[ ] \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES:** \$ \_\_\_\_\_



**PSGB Use:**

Date Received: \_\_\_\_\_ Approved by: \_\_\_\_\_

25% Release \$ \_\_\_\_\_ # \_\_\_\_\_