



Saskatchewan Baton Twirling Association
Membership Assistance Program (MAP)

APPLICATION

** Please attach your Club AGM minutes and a copy of the SK Justice Corporation register to this application **
Applications must be received at the Sask Baton office on or before October 15th.

(Please print)

Please state the purpose for requested funding: _____

Please state the project description: _____

President / Chairperson's Signature

Date

Name of Applicant (Club Name)

Contact Person / Club Position

Address

City

PC

Phone: (H) _____

(C) _____

E-mail

[] AGM minutes [] Corporation Documents

PROJECTED BUDGET

MAP GRANT REQUEST \$ _____

CLUB REVENUE: _____

Bingos _____ \$ _____

Fundraising _____ \$ _____

Other Grants _____ \$ _____

_____ \$ _____

TOTAL REVENUE: \$ _____

CLUB EXPENSES: _____

Facilities _____ \$ _____

Coaching _____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL EXPENSES: \$ _____

PSGB Use:

AMOUNT APPROVED \$ _____

75% Release \$ _____ # _____

