

Saskatchewan Martial Arts Association

543 Main Street, P.O. Box 789, Melville, SK S0A 2P0

saskmaa@outlook.com

ACTIVITY FOLLOW-UP FORM: 201

COACHING and OFFICIALS DEVELOPMENT

Activity: _____
Location / Date / Time: _____
Address / City / Postal Code: _____
Host Club: _____
Contact Person / Telephone: _____

Actual Expenses

Facility Rental _____
Equipment/Materials _____
Advertising/Notification _____
Instructor Fees _____
Course Fees _____
Other: _____

Total: _____

Actual Income

Entry Fee _____
Donations _____
Grant _____
(Grant Amount Filled out by SMAA Office)
Other: _____

Total: _____

(Total Amount Filled out by SMAA Office once Grant Amount is established)

Number of attendees: _____
(Attach list with names, phone numbers and email addresses)

Brief Description of Event: _____

Instructor: _____
List of Successes/Areas That Could Be Improved On: _____

Signatures

Applicant

Signature Printed Name Date

SMAA Administration Approval

Signature Printed Name / Position Date

Signature Printed Name / Position Date