

# Saskatchewan Martial Arts Association

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

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ACTIVITY FOLLOW-UP FORM: 301

## TRAINING 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: \_\_\_\_\_  
\_\_\_\_\_

### Actual Income

Entry Fee \_\_\_\_\_  
Donations \_\_\_\_\_  
Grant \_\_\_\_\_  
*(Grant Amount Filled out by SMAA Office)*  
Other: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Total: \_\_\_\_\_ 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: \_\_\_\_\_ Credentials: \_\_\_\_\_

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 \_\_\_\_\_