

# Saskatchewan Martial Arts Association

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

saskmaa@outlook.com

ACTIVITY APPLICATION FORM: 500

## COMPETITION HOSTING

Planned Activity: \_\_\_\_\_  
Location / Date / Time: \_\_\_\_\_  
Address / City / Postal Code: \_\_\_\_\_  
Host Club: \_\_\_\_\_  
Contact Person / Telephone: \_\_\_\_\_

### Estimated Expenses

Facility Rental \_\_\_\_\_  
Equipment/Materials \_\_\_\_\_  
Advertising/Notification \_\_\_\_\_  
Instructor Fees \_\_\_\_\_  
Course Fees \_\_\_\_\_  
Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Total: \_\_\_\_\_

### Estimated 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)*

Brief Description of Event: *(events offered, expected number of competitors and spectators)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Signatures

Applicant

\_\_\_\_\_  
Signature Printed Name Date

SMAA Administration Approval

\_\_\_\_\_  
Signature Printed Name / Position Date

\_\_\_\_\_  
Signature Printed Name / Position Date