

# Saskatchewan Martial Arts Association

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

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ACTIVITY FOLLOW-UP FORM: 501

## COMPETITION HOSTING

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 Competitors: \_\_\_\_\_  
Number of Spectators: \_\_\_\_\_  
Brief Description of Event: \_\_\_\_\_

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

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