

Saskatchewan Martial Arts Association

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

saskmaa@outlook.com

ACTIVITY APPLICATION FORM: 600

TARGET GROUP - INTRO PARTICIPATION - SATELLITE CLUB

Planned Activity/Project : _____
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	_____
<i>(Grant Amount Filled out by SMAA Office)</i>	
Other:	_____
_____	_____
_____	_____
Total:	_____

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

Brief Description of Event:

Signatures

Applicant

_____ Signature	_____ Printed Name	_____ Date
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SMAA Administration Approval

_____ Signature	_____ Printed Name / Position	_____ Date
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_____ Signature	_____ Printed Name / Position	_____ Date
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