

Saskatchewan Martial Arts Association

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

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ACTIVITY FOLLOW-UP FORM: 601

TARGET GROUP - INTRO PARTICIPATION - SATELLITE CLUB

Activity/Project: _____
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 Participants: _____
Length of Course: _____
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 _____