

**Membership Assistance Program
FOLLOW-UP REPORT**

**AGE CLASS
Category**

GRANT INFORMATION			
Sport Organization Name: ** MAP cheque payment will be made out to this name.			
Club Contact:			
Address:			
City/Town:		Postal Code:	
Phone Number: h)	w)	Email:	
AGE CLASS CATEGORIES			
** please note: All athletes must be registered members of Volleyball Canada & Sask Volleyball. The number of teams will be verified through the online NRS/VRS database.			
Please provide an assessment of your MAP project:			
13U – 15U Age Class team(s)		16U – 18U Age Class team(s)	
Number of 13U teams:		Number of 16U teams:	
Number of 14U teams:		Number of 17U teams:	
Number of 15U teams:		Number of 18U teams:	
Total number of 13U-15U teams:		Total number of 16U-18U teams:	
PROJECT BUDGET			
Revenue:			
MAP Grant Received:		\$	
Self Help:		\$	
		\$	
		\$	
TOTAL REVENUE		\$	
Expenses:			Receipts Attached
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
TOTAL EXPENSES			\$
I hereby certify that the above information in the follow-up submission is correct and factual.			
_____		_____	
Club Contact's Signature		Date	
PROVINCIAL SPORT GOVERNING BODY USE ONLY:			
Requirements met: <input type="checkbox"/>	Form complete: <input type="checkbox"/>	VRS registration <input type="checkbox"/>	
Date received:	Date reviewed:	Authorization:	
Amount Approved:	Cheque #:	Date:	