Membership Assistance Program APPLICATION AND SPENDING PLAN

BEACH 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:	
BEACH CATEGORY			
Name of program(s):			
Sanction fee:	Number of programs	x \$50	Total \$
Participant registration fee:	Number of participants		Total \$
Please provide a brief description of your project:			
PROJECT BUDGET			
Revenue:			
** For planning purposes, previous MAP payment in this category was \$ 55 / participant.			
MAP Grant Requested:			\$
Self Help:			\$
			\$
			\$
TOTAL REVENUE			\$
Expenses:			
			\$
			\$
			\$
			\$
TOTAL EXPENSES *Please note – copies of documentation to verify expenses will be required with the follow-up report			p report \$
I hereby certify that the above information is correct and factual.			
Club Contact's Signature Date			Date
PROVINCIAL SPORT GOVERNING BODY USE ONLY:			
Date received:		Date reviewed:	
Requirements met:	Form complete:	Sanction paid:	Membership paid: □



