

**Membership Assistance Program  
FOLLOW-UP REPORT**

**HIGH SCHOOL  
Category**

<b>GRANT INFORMATION</b>			
Sport Organization Name: <b>** MAP cheque payment will be made out to this name.</b>			
Club Contact:			
Address:			
City/Town:		Postal Code:	
Phone Number: h)	w)	Email:	
<b>HIGH SCHOOL CATEGORY</b>			
Name of program(s):			
Team registration fee:	Number of Teams _____ x \$25	Total \$	
<b>** Teams rosters must be provided with Follow Up Report.</b>			
Please provide an assessment of your MAP project:			
<b>PROJECT BUDGET</b>			
<b>Revenue:</b>			
MAP Grant Received:		\$	
Self Help:		\$	
		\$	
		\$	
<b>TOTAL REVENUE</b>		<b>\$</b>	
<b>Expenses:</b>			<b>Receipts Attached</b>
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
<b>TOTAL EXPENSES</b>		<b>\$</b>	
I hereby certify that the above information in the follow-up submission is correct and factual.			
_____		_____	
Club Contact's Signature		Date	
<b>PROVINCIAL SPORT GOVERNING BODY USE ONLY:</b>			
Requirements met: <input type="checkbox"/>	Form complete: <input type="checkbox"/>	Rosters received: <input type="checkbox"/>	Membership paid: <input type="checkbox"/>
Date received:	Date reviewed:	Authorization:	
Amount Approved:	Cheque #:	Date:	