

**Membership Assistance Program
APPLICATION AND SPENDING PLAN**

**HIGH SCHOOL
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:
HIGH SCHOOL CATEGORY		
Name of program(s):		
Team registration fee:	Number of Teams _____ x \$25	Total \$
** Teams rosters must be provided with Follow Up Report.		
Please provide a brief description of your project:		
PROJECT BUDGET		
Revenue:		
** For planning purposes, previous MAP payment in this category was \$ 57 / team.		
MAP Grant Requested:		\$
Self Help:		\$
		\$
		\$
TOTAL REVENUE		\$
Expenses:		
		\$
		\$
		\$
		\$
TOTAL EXPENSES	<small>*Please note – copies of documentation to verify expenses will be required with the follow-up report</small>	\$
I hereby certify that the above information is correct and factual.		
_____		_____
Club Contact's Signature		Date
PROVINCIAL SPORT GOVERNING BODY USE ONLY:		
Date received:		Date reviewed:
Requirements met: <input type="checkbox"/>	Form complete: <input type="checkbox"/>	Membership paid: <input type="checkbox"/>