Saskatchewan Horse Federation

Community Clinic Grant
FOLLOW-UP REPORT

Saskatchewan LOTTERIES

COMMUNITY CLINIC GRANT INFORMATION - Valid Club Membership of the Current Year is required		
Sports Organization Name: Saskatchewan Horse Federation Inc.		
Corporate Club Name:		
Contact Person:		
Address:		
City/Town:	Postal Code:	Email:

CLINIC INFORMATION
Clinic Date:
Clinician:
Discipline/Subject:
Number of Participants:
Please provide a brief overview of the clinic:

ACTUAL PROJECT COSTS		
Revenue:		
Registration Fees:	$	
SHF Grants:		
Other Grants:		
Self Help:		
Other:		
TOTAL REVENUE	**$**	
Expenses:		**Receipts Attached (Mandatory)**
Clinician Fees:	$	☐
Meals:		☐
Travel:		☐
Arena Rent:		☐
Accomodations:		☐
Advertising:		☐
Other:		☐
TOTAL EXPENSES	**$**	

I hereby certify the information provided in the follow-up submission is correct and factual.

Chairperson / President Signature _____ Date _____

PROVINCIAL SPORT GOVERNING BODY USE ONLY:		
Authorization:		Date:
Payment Date:	Cheque #:	Amount Paid: