



Team Travel Grant FOLLOW-UP REPORT



EVENT INFORMATION				
Sports Organization Name: Saskatchewan Horse Federation Inc.				
Corporate Club Name:				
Contact Person:				
Address:				
City/Town:	Postal Code:	Email:		
Phone:	Cell:	Fax:		
Please describe the event attended. Include location (city and province) and date of event. Describe how the Team fits the profile as Ambassadors for the Province of Saskatchewan.				
TEAM MEMBERS: (Each Team Member Must be an Individual Member of the current year):				
	SHF #	Full Name	Mailing Address	Postal Code
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
Submit additional names on a separate page if necessary.				

Coach:

Address:

City/Town: Postal Code: Email:

Phone: Cell: Fax:

Manager:

Address:

City/Town: Postal Code: Email:

Phone: Cell: Fax:

FINANCIAL REPORT Receipts Attached
(Mandatory)

Transportation (Athletes)	\$	
Transportation (Horses)		
Entry Fees		
Stabling		
Coaching Fees		
Meals		
Accomodations		
Other:		
Total Expenses:	\$	

RESULTS:

Please list all Individual, Discipline, and Team placings achieved at the event as well as how many competitors within each calss and division they competed against.

Empty space for listing results.

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: