

Team Grant FOLLOW-UP REPORT



GRANT INFORMA	TION				
Member Club:					
Contact Person:					
Address:		City/Town:			
Postal Code:	Phone Nu	ımber: Fax:			
Email:					
Please describe the eve Saskatchewan	nt attended. Include location and date of	event. Describe how the team fits the profile as amba	ssadors for the province of		
TEAM MEMBERS: (EACH Team Member <u>Must</u> be an Individual Member of the current year)					
SHF#	Full Name	Mailing Address	Postal Code		

Coach:					
Address:	Cit	City/Town:			
Postal Code:	Phone Number:	Email:			
Manager:					
Address:	Cit	//Town:			
Postal Code:	Phone Number:	Email:			
Financial Report					
Transportation (Athletes)		\$	_		
Transportation (Horses)		\$	Receipts must be attached		
Entry Fees		\$	attao		
Coaching Fees		\$	a pe		
Meals		\$	must		
Accomodations		\$	pts ı		
Other		\$	ecei		
TOTAL EXPENSES		\$	~		
Results:					
Signature of Authorized Club Memb	per	Date			
Saskatchewan Horse Federation	Office Use only				
Amount Approved:	Authorization:	Date:			
Payment date:	Cheque #:	Amount Paid:			