

**SASKATCHEWAN TRIATHLON ASSOCIATION
CORPORATION
MEMBERSHIP ASSISTANCE PLAN
SPENDING PLAN**

Please Type or Print

Project Description: (as detailed as possible):

Project Date: _____

Purpose: _____

Project Description: _____

Chairperson's / President's _____ Date
Signature

Budget Categories: STAC Fees: Registration/Race Fees:
Donations/Sponsorships: Printing/Postage: Pool
Rental: Facility Rental: Race
Equipment/supplies: Awards/ Prizes: Trailer
Transport: Meals: Advertising:
Accommodations: Honorariums: Travel :
Equipment Rental: Souvenirs: MISC.: T-
Shirts/Caps/Bags: Announcing: Volunteers:

Provincial Sport Governing Body use only:

AMOUNT APPROVED		
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Please Type or Print

Official Name of Applicants _____

Contact Person _____

Address _____

Town / City _____ Postal Code _____

(H) _____ (W) _____

Telephone Numbers _____

E-mail _____

PROJECT BUDGET

REVENUE:

<i>Revenue Description</i>	<i>Category</i>	<i>Amount</i>
Registration/Race Fees	Registration/Race Fees	\$ _____
STAC Fees	STAC Fees	\$ _____
Donations/Sponsorships	Donations/Sponsorships	\$ _____
		\$ _____
		\$ _____
		\$ _____
TOTAL REVENUE:		\$ _____

EXPENSES:

<i>Expense Description</i>	<i>Category</i>	<i>Amount</i>
STAC Fees Remitted	STAC Fees	\$ _____
Trailer Transport	Trailer Transport	\$ _____
Printing/Postage	Printing/Postage	\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
TOTAL EXPENSES:		\$ _____

Projected Surplus / (Deficit) _____ \$ _____

MAP GRANT REQUESTED _____ \$ _____

