



2017-2018 Inclusive Skating Project Guidelines and Grant Request Form

Please submit a separate form for each request. Submit to Lisa Bonderove lisa@skateabnwtun.ca

Name:

Club:

Type of support requested:

- | | |
|---|---|
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Club (e.g. fees) |
| <input type="checkbox"/> Adaptive Equipment | <input type="checkbox"/> Competition |
| <input type="checkbox"/> Club Event | <input type="checkbox"/> Other (specify): |

Amount requested: \$

Date required by:

Please provide a description of the nature of the support requested, including the number of skaters it would impact or involve.

Signature of Club representative:

Section use only:

Date received:
Amount approved:
Date approved:

Receipts received:
Support issued: