



**2017-2018 Inclusive Skating Project  
Guidelines and Grant Request Form**

Please submit a separate form for each request. Submit to Lisa Bonderove [lisa@skateabnwnun.ca](mailto:lisa@skateabnwnun.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: