**2019-2020 Inclusive Skating Project**

**Guidelines and Grant Request Form**

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

Club Representative Name:

Club:

Type of support requested (choose one):

[ ]  Coaching [ ]  Club (e.g. fees)

[ ]  Adaptive Equipment [ ]  Competition

[ ]  Club Event [ ]  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.

**Section use only**

Date application received: Date First Half Support issued:

Amount approved: Date Receipts Received:

Date approved: Date Second Half Support issued: