




YOUTH CLINICS and CAMP
GRANT FOLLOW UP REPORT

Submit form to:
CURLSASK
 613 Park St
 Regina, SK
 S4N 5N1
 OR
 Fax: 306.780.9404
 OR
 EMAIL:
mat.ring@curlsask.ca

February 24, 2017
Deadline.
Please include
appropriate receipts.

CLUB NAME: _____

ADDRESS: _____

CLUB/CLINIC CONTACT: _____

CONTACT PHONE NUMBER & EMAIL: _____

CIRCLE TYPE OF EVENT(S): FUN@CURL CLINIC (ages 6-10) MINI –CLINIC (4 hours or less)
 SINGLE DAY Youth CLINIC MULTI DAY CAMP

Dates and Times of CLINIC/CAMP _____



OF HOURS ON THE ICE _____ # of HOURS OFF ICE _____

NUMBER OF PARTICIPANTS MALE: _____ FEMALE: _____

REGISTRATION FEE FOR CURLERS: _____

IF PRESENTED BY VITERRA: HOW WAS VITERRA FEATURED: _____

CIRCLE APPLICABLE GRANT REQUEST(S)

	Presented solely by CURLSASK		Presented by VITERRA
FUN@CURL	\$75.00		\$175.00
Youth Mini-Clinic	\$75.00		\$175.00
1 Day Youth Clinic	\$100.00		\$300.00
2 Day Youth Camp	\$200.00		\$600.00

LISTING OF EXPENSES –List on separate page if necessary

- Instructors (include Names, Honorariums, Travel and Hotel) Total: _____
- Clinic/Camp Expenses (eg. Snacks, meals, souvenirs for curlers) Total: _____
- Club Expenses (e.g. Promotion, ice rental) Total: _____
- TOTAL EXPENSES: _____

 Contact Signature

 Date