

High Performance Club Development Application & Spending Plan

APPLICATION INFORMATION		
Club Name:		
Contact Person:		
Address:		
City/Town:	Postal Code:	
Phone Number: H)	B)	Email:
Project Budget		
Revenue:		
High Performance Grant Request:		
Total Revenue:		
Expense:		
Total Expenses:		
I hereby certify the above information is correct and factual.		
Chairperson's / President's Signature		Date
Saskatchewan Wrestling USE ONLY:		
Approved:	Authorization:	Date:
Payment Date:	Cheque #:	Amount Paid:
Coaches identified	Memberships paid:	RIS Completed

All participants must be current members of Saskatchewan Wrestling at the time of the tournament.