



**2010 SKILL DEVELOPMENT GRANT
APPLICATION FORM**

Club Name: _____

Event Contact Name: _____ Phone: _____

Name of Event: _____

Level: Grassroots: _____ Developmental: _____

Location of event: _____ Date of Event: _____

Clinician: _____ Phone: _____
(Must be level 1 technical certified)

IMPORTANT:
All participants of these events MUST be WSWM members. ALL clinic participants must complete a WSWM Membership Form and pay the appropriate fee. Forms and fees must be submitted to the WSWM office prior to the grant being processed.

Budget:

| <u>Revenue</u> | | <u>Expenses</u> | |
|------------------|-----------------|-----------------|-------|
| Participant fee: | _____ | Facility: | _____ |
| WSWM Grant: | \$ 150.00 _____ | Boat/Gas: | _____ |
| Club Support | _____ | Coach: | _____ |
| Other: | _____ | Other: | _____ |
| Total: | _____ | Total: | _____ |

Please return application to:
Water Ski- Wakeboard Manitoba
 145 Pacific Avenue
 Winnipeg, MB R3B 2Z6
 Fax: (204) 925-5792
 Email: waterski@waterski/mb.ca
DUE: July 31, 2010