



2009 Post Event Report

The purpose of this form is to provide WSWM with the necessary participation information to assist with programming and funding applications. Please complete this form following any clinics, tournaments, fun days or programs you offer to the public and your membership.

Return this form to the WSWM office at:

Water Ski-Wakeboard Manitoba
 145 Pacific Avenue
 Winnipeg, MB R3B 2Z6
 or
 Fax: 204 925-5792 or
 Email: waterski@waterski.mb.ca

Event: _____ Date of clinic: _____

Location: _____ Submitted by: _____

Participation breakdown:

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
12 & under	_____	_____	_____
13-17	_____	_____	_____
18-30	_____	_____	_____
31-40	_____	_____	_____
41-54	_____	_____	_____
55+	_____	_____	_____

Which elements of your clinic were successful and which do you feel could be improved upon to make the clinic more successful? _____

What type of comments/feedback did you receive from the participants/ parents? _____

Did your club apply for the WSWM Skill Development Grant? If yes, how did it help your program?

Are you going to run this program in the future? _____

Other Comments: _____

Revenue:

Participant fee: _____

WSWM Grant: \$ 150.00

Club Support _____

Other: _____

Total: _____

Expenses:

Facility: _____

Boat/Gas: _____

Coach: _____

Other: _____

Total: _____