



water ski - wakeboard manitoba

2009 WSWM 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:

Revenue Expenses
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 Ave

Winnipeg, MB R3B 2Z6

Fax: (204) 925-5703

Email: waterski@waterski/mb.ca

DUE: August 30, 2009