

Sask Cycling Association R & T Event Assistance Program Follow Up Report

Club Name:	Contact Person:
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Please provide an assessment of your event (include a list of participants and the clubs they belong to):

Revenue	
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participant fees	\$
Sponsorships	\$
Other funding	\$
Total Revenue	\$

Expenses	Receipts	attached
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	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
Total Expenses	\$	

I hereby certify the above information is correct and factual

Signature	Date