

**SASKATCHEWAN ARCHERY ASSOCIATION INC.
CLUB STARTUP ASSISTANCE APPLICATION**

Name of Club: _____

Mailing Address: _____

Club President's Name: _____

Address/ Postal Code

Phone #

Club Secretary's Name: _____

Address/ Postal Code

Phone #

Club SAA Representative Name: _____

Address/ Postal Code

Phone #

Assistance requested \$ _____

Criteria:

- Club must have a meeting at which time an executive must be elected.
- Club must have bylaw that it and all members will be members of the SAA.
- Club must collect and submit membership fees of all members to the SAA.
- Receipts must be submitted for all money received.
- Please submit membership list and purpose for which the grant will be issued.
- Maximum assistance that may be applied for is \$500.00.
- Clubs that do not meet the criteria will be assessed at a meeting of the Board of Directors
- Club application alone does not necessarily constitute receipt of funding and the SAA Board of Directors will determine funding amounts for each application.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THAT ALL CONDITIONS HAVE BEEN MET.

Club President Signature

Club Secretary Signature

Submit to:

Saskatchewan Archery Association Inc. PRESIDENT

Contact information available on the SAA website: <http://www.saskarchery.com/contact.html>