



Rivers West Coaching Assistance Program

Follow-Up Form

As a condition of this funding assistance program, all recipients of the *Coaching Assistance Program* must complete this follow-up report no later than 4 weeks upon conclusion of the course/training opportunity.

Name of Individual: _____

Address: _____

Telephone: _____ Email: _____

What was the course/training opportunity for which the funding was requested?

Did you successfully complete the course/training opportunity? _____

How has this/will this course/training opportunity benefit your:

You: _____

Your Community: _____

Your Sport: _____

Expenditures:

Please list all expenditures incurred at this course/training opportunity. **Please include photocopies of the expenditures.**

Expenditures – Actual	Cost
Mileage/travel (both ways at \$.50/km)	
Meals (maximum \$40/day)	

Accommodations	
Registration fees	
Course materials	
Other (please itemize)	
Total Actual Expenditures	

I hereby certify that the information provided in this follow-up report is a true and accurate account of the expenditures incurred while attending the aforementioned course/training opportunity:

Authorized signature

Date

Please ensure that all sections are complete before returning the completed form to:

Rivers West District for Sport, Culture & Recreation Inc.
P.O. Box 1480, Rosetown, SK., S0L 2V0
Attention: Donna Johnston-Genest, Executive Director
Email: rwdsr.donna@sasktel.net Fax #: (306) 882-2744

<p>For Office Use Only:</p> <p>Date received: _____ Follow-up approved: _____</p> <p>Amount approved: _____ Cheque #: _____</p> <p>More information required: _____</p>

