



## 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)	
<b>Total Actual Expenditures</b>	

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](mailto:rwdsr.donna@sasktel.net) Fax #: (306) 882-2744**

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

