

SASKATCHEWAN ARCHERY ASSOCIATION

CLUB EXECUTIVE VOLUNTEER SUBSIDY

Name of Club: _____

Mailing Address: _____

	Name	Email	SAA #	Non Shooter
President				Y / N
Vice Pres				Y / N
Secretary				Y / N
Treasurer				Y / N
SAA Rep				Y / N
Other				Y / N
Other				Y / N
Other				Y / N
Other				Y / N
Other				Y / N
Other				Y / N
Other				Y / N

Assistance requested: \$ _____

CRITERIA:

- Maximum 3 Non Shooters can be re-imbursed for (\$50 each to a maximum of \$150).
- Club must have completed all other yearly club affiliation requirements before payment of the volunteer subsidy is made.

Club President's Signature

Club Secretary's Signature

Email completed application form to: info@saskarchery.ca