## **Indoor Provincial JOP Championships**

## **SAA** Registration Reconciliation Form

Host Club:			Shoot Date:	
SAA Fees Collected:				
Participants:	at \$30.00/ea	=		(21 & under as of December 31 <sup>st</sup> of the current calendar year)
		=		TOTAL
SAA Representa	ative (print name)		SAA	Representative (signature)
SAA pays to hosting o	club:			
Participants:	at \$22.50/ea	=		(21 & under as of December 31 <sup>st</sup> of the current calendar year)
	Hosting Grant	\$ 2000.00		
		=		TOTAL
Note: Payment will be	mailed to the host c	lub		
Mailing address:				
——————————————————————————————————————				
Phone number:				
Club Representative (print name)			Club	Representative (signature)
Office use only:				
SAA Treasurer Signature				Date