SASKATCHEWAN ARCHERY ASSOCIATION

CLUB EXECUTIVE/BOARD OF DIRECTORS 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
Assistance requested: \$				
CRITERIA:				
• Maximum 3	Non Shooters can be reimbursed for	or (\$50 each to a maximum of \$150)).	
• Club must h made.	ave completed all other yearly club	affiliation requirements before pay	ment of the volun	teer subsidy is
Club Preside	nt's Signature	Club Secretary's Signature		

Email completed application form to: info@saskarchery.ca by February 28 of the current year.