

APPLICATION FORM

ORGANIZATION		
Legal Name:		
Non Profit Number:		Annual Fee: \$30.00 + GST
Billing Contact:		
Address:		
City:	Postal Code	:
Phone:	Fax:	
Email:		
EXECUTIVE DIRECTOR		
Name:		
Address:		
City:	Postal Code:	
Phone:	Fax:	
Email:		
PRESIDENT		
Name:		
Address:		
City:	Postal Code:	
Phone:	Fax:	
Email:		
Do you receive any funds, either directly or indirectly from the Sask Lotteries Trust Fund for Sport, Culture and Recreation? (i.e. CGP, MAP, ANNUAL FUNDING, OTHER)		

PLEASE RETURN COMPLETED APPLICATION FORM TO:

Curtis Markewich, 1870 Lorne St., Regina, SK S4P 2L7 • Fax: (306) 781-6021 • cmarkewich@sasksport.ca