

# SASK FIRST ELITE ATHELTE PROGRAM APPLICATION & ATHLETE ASSISTANCE GRANT



Bowls Saskatchewan Inc.  
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Date
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<b>Name</b>			
<b>Address</b>	<b>Street</b>		
	<b>City</b>	<b>Postal Code:</b>	
<b>Home Phone #</b>		<b>Work #</b>	
<b>Email</b>			
<b>Fax #</b>			

<b>Home Club</b>		<b>Coach</b>		<b># yrs bowling</b>
<b>Lawn Bowling Involvement (Previous Year)</b>	<input type="checkbox"/> Club Executive	<input type="checkbox"/> Provincial Executive	<input type="checkbox"/> National Executive	<input type="checkbox"/> Coach Level _____
	<input type="checkbox"/> Club Committee	<input type="checkbox"/> Provincial Committee	<input type="checkbox"/> National Committee	<input type="checkbox"/> Official
	<b>Other involvement</b>			

<b>Comments</b>

Applicants who attend the Under 25 Championship are eligible for an additional grant; please indicate if you are attending the Under 25 Championships **Yes**\_\_ **No**\_\_