

Follow Up Report - Sport Championship Hosting Program



Sport Championship Hosting Grant Follow-Up

Name of Provincial Sport Organization:		
Name of event:		
Date of event:		Host community:
Host contact name:	Phone:	Email:

List of provinces/territories that participated and actual number of participants:			
Province/Territory Participating	Number of Athletes	Number of Coaches	Number of Referees/Officials
Total Estimated Participants:			

The total revenues and expenditures for the grant have been/will be identified as a separate line item within the PSO's audited financial statement:	Yes	No
A description and copy of Government of Newfoundland and Labrador promotions has been attached:	Yes	No
A post event financial statement has been attached, including a plan for any surplus funds:	Yes	No

_____ PSO Signing Authority	_____ Chairperson Host Committee
_____ Date	_____ Date

PLEASE SUBMIT TO:

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