



TRACK AND FIELD / ROAD RUNNING CROSS COUNTRY

214-200 MAIN ST. WINNIPEG, MB R3C 4M2 TEL: 204-925-5743 FAX: 204-925-5792 EMAIL: athleticsmb@shaw.ca www.athleticsmanitoba.com

2010 APPLICATION FOR CLUB STATUS

NAME OF CLUB: _____ CONTACT: _____
 PHONE DAY: _____ PHONE EVENING: _____
 MAILING ADDRESS: _____ WEBSITE: _____
 _____ EMAIL: _____

Hotmail accounts have restrictions and may not receive all documents

CLUB FEES: 0 – 24 Members: \$75.00 **All athletes must purchase individual Athletics Manitoba memberships**
 25 + Members: \$150.00
 Rural Club: \$25.00 (60kms + outside Winnipeg Perimeter)

BINGO FUNDRAISING PROGRAM PARTICIPANT No Yes

MEMBERSHIP FORMS ARE REQUIRED FOR ALL MEMBERS LISTED BELOW

CLUB EXECUTIVE: (mandatory) – Three Club Executives will receive free Associate Memberships

PRESIDENT: _____ SECRETARY: _____ TREASURER: _____
 REGISTRAR: _____ BINGO CONTACT: _____ VOLUNTEER COORD: _____

*Please provide a full list of club associates on an attached piece of paper, if there are more than listed above.

CLUB COACHES: Three Club Coaches will receive free Coach Memberships. Please submit all membership forms.
ALL COACHES MUST COMPLETE THE RESPECT IN SPORT PROGRAM IN ORDER TO REGISTER

	COACH NAME	RESPECT IN SPORT NO.	EVENT GROUP(S)	EVENT GROUP(S)	EVENT GROUP(S)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Once paid in full, the Club Membership fee provides club status for one year, from January 1st 2010 through December 31st 2010. The club status is recognized by both Athletics Manitoba and Athletics Canada. Athletics Manitoba agrees to provide club and coach communications, grant the club voting privileges at the Athletics Manitoba Annual General Meeting, give the club the right to enter the club's athletes in Athletics Manitoba competitions, and provide fundraising opportunities under the club name. **On behalf of the above named club, I agree to supply volunteers / officials for Athletics Manitoba competitions and activities.**

SIGNED: _____ TITLE: _____

DATE: _____ 20 _____

Please complete and submit with payment to **ATHLETICS MANITOBA**