



TRACK AND FIELD / ROAD RUNNING / CROSS COUNTRY

• 145 PACIFIC AVE. WINNIPEG, MB. R3B 2Z6 • TEL: 204-925-5745 • FAX: 204-925-5792 • CHRIS.BELOF@SHAW.CA • www.AthleticsManitoba.com

2013 Athlete High Performance Funding Application

Name: _____ Club: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone: (Res.) _____ (Bus.) _____

Birthdate: _____ Competitive Age Category _____

E-mail: _____

Club/School: _____ Coach: _____

Event Performance

Event in which Performance was achieved? _____

Event Performance _____

Wind Reading (Sprints/Jumps) _____

Location of Competition _____

Name of Competition _____

Date of Competition _____

Internet location of official results listing _____

Has the event performance been submitted to Athletics Canada? _____

Athlete Signature

I, the undersigned, have read and agree to comply with the Athletics Manitoba High Performance Funding Guidelines document.

Athlete Name

Athlete Signature

Date

****Required documents: application (above) signed, copy of YTP, and receipts for funding****

Funding will be paid out in the following fiscal year