



Athletics Manitoba Annual Athlete Funding Claim Form

Name:					
Mailing Address:					
City:					
Postal Code:					
Email Address:					
Event:					
Performance:					
Date Achieved/Meet Name:					
Link to meet results:					
Coach of record:					
INDICATE (check) WHICH FUNDING YOU ARE CLAIMING	20 & Under	21-23	24+		WCSG A Standard
CAPP Talent Conf Std					<input type="checkbox"/>
3% off					<input type="checkbox"/>
6% off					<input type="checkbox"/>