

Athletics Manitoba Annual Coach Funding Claim Form

| Name: | | | | | |
|-----------------------------------|-----------|-----------|-----------|-----------|-----------|
| | | | | | |
| Mailing Address: | | | | | |
| City: | | | | | |
| Postal Code: | | | | | |
| | | | | | |
| Email Address: | | | | | |
| Indicate the following | | | | | |
| information for all athletes that | | | | | |
| have achieved the top | | | | | |
| Performance Pathway standard | | | | | |
| in their age category | Athlete 1 | Athlete 2 | Athlete 3 | Athlete 4 | Athlete 5 |
| ATHLETE NAME: | | | | | |
| Event: | | | | | |
| Performance: | | | | | |
| Date Achieved/Meet Name: | | | | | |
| Link to meet results: | | | | | |
| | | | | | |