



Athletics Manitoba Annual Athlete Funding Claim Form

Name:				
Year of Birth:				
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+	
CAPP Talent Conf Std				
3% off				
6% off				