

Ringette Saskatchewan High Performance Training Assistance Program Team Application Form

Deadline for applications is February 1<sup>st</sup>. Please email completed forms and receipts to technicaldirector@ringettesask.com

TEAM NAME:

DIVISION:

HEAD COACH:

TEAM CONTACT (if different from Head Coach):

POSITION:

ADDRESS (for reimbursement to be sent to):

## 1. SMSCS Program Hours (Sport Medicine or Sport Science sessions):

Date of session	
Topic(s) covered	
Instructor/consultant	

Date of session	
Topic(s) covered	
Instructor/consultant	

## 2. Exercise & Strength Training (must submit receipts):

Date(s) of sessions	
Instructor/coach	
Facility/location	
Receipt amount	
Reimbursement amount requested	

Signature of Head Coach/Team Contact

Date

OFFICE USE ONLY			
Date Received:		Complete:	Incomplete:
Reimbursement requested: \$	Reimbursement allotted: \$	Rece	ipts submitted: