

TEAM NAME:

## Ringette Saskatchewan High Performance Training Assistance Program Team Application Form

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

DIVISION:	
HEAD COACH:	
TEAM CONTACT (if differ	ent from Head Coach):
POSITION:	
EMAIL (for reimbursemen	t to be sent to):
1. SMSCS Program Hou	urs (Sport Medicine or Sport Science sessions):
1. SMSCS Program Hou	urs (Sport Medicine or Sport Science sessions):
	urs (Sport Medicine or Sport Science sessions):
Date of session	urs (Sport Medicine or Sport Science sessions):
Date of session  Topic(s) covered	urs (Sport Medicine or Sport Science sessions):
Date of session  Topic(s) covered	urs (Sport Medicine or Sport Science sessions):
Date of session  Topic(s) covered  Instructor/consultant	urs (Sport Medicine or Sport Science sessions):

## 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: \$\_\_\_\_\_ Receipts submitted: \_\_\_\_