

Pathway Fundamentals Summary Report Form

This form must be completed to receive the remaining 25% of the funding that was approved for this program. Please provide a brief write up about the program and photo's.

Please fill out and return within 15 days of the completion of the program/event.

Name of Program/Event: _____

Dates program ran: _____ to _____

75% of Grant Received _____

Remaining Grant _____

Please provide the name of whom to make the cheque out to and mailing address to send to.

Name on Cheque: _____

Address: _____

City/Postal Code: _____

Name of Contact Person: _____

E-mail of Contact Person: _____

Office use Only		
Code to: <u>24411 2020 / Grassroots Initiative GrantsP2</u>		General Acct.
Amount: _____	Date: _____	Authorized By: _____

Coaches/Volunteers that delivered the program:

First Name	Last Name	Coaching Level (if any)	Sq BC Member? Y/N

