Phone: 604.737.3084 executivedirector@squashbc.com www.squashbc.com

Name of Program/Event:

Dates program ran:



4867 Ontario Street, Vancouver, B.C. V5V 3H4

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.

to

75% of Grant Received	l <u> </u>		
Remaining Grant			
Please provide the name of	whom to make the chequ	e out to and mailing addre	ess to send to.
Name on Cheque:			
Address:			
City/Postal Code:			
Name of Contact Person:			
E-mail of Contact Person:			
Coaches/Volunteers that d	Date:elivered the program:	<u>P2</u> General A Authorized By:	
First Name	Last Name	Coaching Level (if any)	Sq BC Member? Y/N



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Please list participants and send to Squash BC after the conclusion of program/event:

First Name	Last Name	Date of Birth (mm/dd/yyyy)	Gender, M/F	Squash BC Member? Y/N

