

SPECIAL OLYMPICS MANITOBA CLUB BUDGET

Travel Plans:

Other than Provincial/Regional competitions, does your club plan on doing any traveling in the coming year?
 (Please circle one) Yes No If yes, please fill out Schedule 'A' and attach with this sheet.

Expected Revenue:

Club's Fundraising Plans or Grants you expect to apply for:

	Expected Cost:	Approved Cost:
Banners		
Equipment:		
Other Competitive Opportunities (from Schedule 'A')		
Athlete Assistance		
Membership (Affiliation)		
Other:		
TOTAL		

Please list any Sport Specific NCCP courses other than the SOC Competition Coach Workshop or Intro A Course that you may wish to enroll in or you may wish your assistant coaches to enroll in for the next fiscal year.

Clinics:

When submitting your club budget to the Region, please fill in the "Expected Cost" only. The "Approved Cost" will be filled in by the Regional Council and returned to you for your records

Submitted By: _____ Date: _____
 Position: _____ Name of Club: _____
 Approved by: _____ Date: _____