

2016/2017 SPORT MANITOBA ATHLETE ASSISTANCE PROGRAM APPLICATION



1. Provincial Sport Organization: _____ Date of Application: _____
2. Name of Athlete/Team: _____ Gender: _____
- Address: _____ City: _____
- Province: _____ Postal Code: _____
- Birth Date: _____ Date on which athlete became Manitoba Resident: _____

3. Results at National Championships/Canada Games during last competitive season.

Name of Competition	Location	Event/Classification (Level/Division/Category, etc.)	Age Group	# of teams/competitors in event	# of Provinces/Territories	Final Rank	Month/Year

4. Athlete's National Team Background. (Complete only if national team is sponsored and managed by the National Sport Organization)

Most recent/current national team involvement:

Month/Year: _____ to _____

Team: _____

Other: _____

Name of National Team Coach: _____

Tel. No. _____

5. Results of international level of competition during last competitive season.

I.e. World Championships, Olympics, Pan Am Games, Commonwealth Games etc.

Name of Competition	Location	Event/Classification (Level/Division/Category, etc.)	Age Group	# of teams/competitors in event	# of Countries	Final Rank	Month/Year

6. Please state your personal goals and specific performance objectives for the upcoming competitive year.

7. I hereby authorize my Provincial Sport Organization's submission of this application on my behalf. I have read the criteria/guidelines under which athlete assistance is awarded and I agree to abide by them under the guidance of a program monitored by my Provincial or National Sport Organization. Yes No

8. I consent to give Sport Manitoba/PSO permission to disclose my personal information as listed herein for communication and media purposes. Yes No

Applicant's signature Date: _____

Parent/Guardian signature (if athlete under 18 years) Date: _____

9. This form was submitted on behalf of the Provincial Sport Organization by:

Name: _____ Title: _____ Date: _____
President / Executive Director