

ATHLETE ASSISTANCE APPLICATION FORM

DEADLINE TO APPLY IS OCTOBER 31, 2023

A. IDENTIFICATION			
Name:	Date:	Date:	
Address:	Postal	Code:	
City/Town:	Phone	Phone:	
E-mail:			
Baseball Sask Active Member Cl	ub Team Registered with i	n 2023:	
I played on the following Baseba	all Sask Team (Check One)	:	
Canada GamesWestern	n Canada GamesCan	ada CupTournament 12	
What year did you play on the to	eam (s) above:		
B. STUDENT DECLARATION			
I will be attending the following:	Post Secondary	Secondary	
Institution Name:			
Dates Attending:			
Course of Study:			
Registered as: Full Time	Part Time	in 2023 / 2024	
Please state course load:			
I am in receipt of the following be Granting Institution	oursaries/scholarships for Type of Aid	the 2023/2024 Academic Year Amount	
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C.	TRAINING & COMPETITION COSTS	
Trainir	ng Costs	Amount
Compe	etition Costs	Amount
Other	Costs (i.e. tuition fees, etc.)	Amount
D.	ATHLETE DECLARATION	
compl	by declare that the above information to be the best of my ete and in return for any assistance provided under them, I will undertake to fulfill training and competition expense.	ne Athlete Assistance
my Pro	ovincial Sport Governing Body.	
	Applicant's Signature Date	

SUBMIT APPLICATION TO PROVINCIAL HEAD OFFICE:

BASEBALL SASK 300-1734 ELPHINSTONE STREET REGINA, SK S4T 1K1

mike@baseballsask.ca