



MANITOBA BADMINTON ASSOCIATION
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RETURN TO PLAY MICRO-GRANT APPLICATION FORM

CLUB NAME: _____ EMAIL: _____

MAILING ADDRESS, CITY, POSTAL CODE: _____

PRESIDENT: _____ EMAIL: _____

PHONE: _____

ALTERNATE CONTACT PERSON & ROLE: _____

EMAIL: _____ PHONE: _____

DATE	DESCRIPTION (LOCATION OF PURCHASE, SUPPLIES, ETC.)	SUBTOTAL	TAXES	TOTAL
		\$ _____	GST: \$ _____ PST: \$ _____	\$ _____
		\$ _____	GST: \$ _____ PST: \$ _____	\$ _____
		\$ _____	GST: \$ _____ PST: \$ _____	\$ _____
		\$ _____	GST: \$ _____ PST: \$ _____	\$ _____
		\$ _____	GST: \$ _____ PST: \$ _____	\$ _____
		\$ _____	GST: \$ _____ PST: \$ _____	\$ _____
		\$ _____	GST: \$ _____ PST: \$ _____	\$ _____
TOTAL COSTS CLAIMED				\$ _____

Grants available up to a maximum of \$200.

Eligible items include: cleaning supplies, sanitizer, signage for courts, PPE, masks, etc.

Include copies of all receipts with your application.

SIGNATURE (CLUB PRESIDENT): _____ DATE: _____

INTERNAL USE ONLY

PROGRAM: RETURN TO PLAY MICRO-GRANT

PAY DATE: _____ CHEQUE #: _____

APPROVED BY: _____ DATE: _____