



#### Instructions

- Eligible program expenses must occur between April 1, 2018 March 31, 2019.
- Complete form electronically, and DO NOT FILL OUT BY HAND. Do not fill out this form in a web browser (data may be lost). Download this form to your computer and open it in Acrobat Reader to complete.
- 3. Only use the reporting forms provided; however, if providing additional information please reference attachment material appropriately.
- 4. Ensure the declaration is signed by both the athlete and coach.
- 5. Submit the completed forms and supporting documents to:

Physical address: Yukon Sport and Recreation Administration Building

4061 - 4th Avenue, Whitehorse

By mail: Government of Yukon

Sport and Recreation Branch, C-10

Box 2703

Whitehorse YT Y1A 2C6

By email: Scanned (signed) documents are acceptable by email at

trevor.twardochleb@gov.yk.ca

## **REPORTING DEADLINE: APRIL 19, 2019**

This funding is for the 2018/19 fiscal year and eligible expenses must occur between April 1, 2018 and March 31, 2019.

# Elite Athlete funding provided by:

Yukon Government, Community Services, and Sport and Recreation Branch

### For more information:

Trevor Twardochleb, Sport Consultant

Phone: 867-667-5606

Toll-free: 1-800-661-0408 (ext. 5606) Email: trevor.twardochleb@gov.yk.ca

Personal information is collected under the Recreation Act, Section 10(d) and 20(a) for the purposes of determining eligibility for funding. For further information, contact the Director, Sport and Recreation Branch at (867) 667-5608, toll free within Yukon 1-800-661-0408, ext. 5608 or in person at 4061-4th Avenue, Whitehorse YT, Y1A 2C6.



# ELITE ATHLETE GRANT ATHLETE REPORT

Reporting year (April to March): YY - YY

IDENTIFIC	ATION								
Athlete's name			Coach's	Coach's name					
		_							
	S PERFORMANCE REPOR	I							
Competition Note: 'com	on results petition levels' include: territ	torial, provincial, region	onal, nationa	al, or internatio	nal				
Level of competition	Name of competition	Location	Date	Date Ever			of com- petitors	Final ranking	
			YYY	YYYY/MM/DD					
			YYY	Y/MM/DD					
			YYY	Y/MM/DD					
			YYY	YYYY/MM/DD					
			YYY	YYYY/MM/DD					
			YYY	YYYY/MM/DD					
			YYY	Y/MM/DD					
			YYY	Y/MM/DD					
			YYY	Y/MM/DD					
			YYY	Y/MM/DD					
			YYY	YYYY/MM/DD					
	ts / achievements / trainir		11						
Note: 'outcome' column should be used to Event/activity   Purpose   L		Location				Outcome			
				Date / duration					

"GIVING BACK" ACTIVITY							
Describe the activities or events that you participated in to share your knowledge with developing athletes within Yukon and/or outside Yukon:							

FINANCIAL REPORT			
Revenues Description (i.e. grants, scholarships, sponsorship, etc.):		Amount	
	Total revenue		
Expenses – Note: Receipts may be requested for verification purpose			
Description (i.e. fees, equipment, travel, living expenses, etc.):	Amount		
	Total expenses		
	Balance		
AUTHORIZED REPRESENTATIVE			
I certify that the financial information described in this form is accurate and funding application. I also understand that further documentation may be regiven time with respect to my Elite funding.			
Athlete's signature	Date YYYY/MM/DD		
Coach's signature	Date YYYY/MM/DD		
OFFICE USE ONLY			
Reviewed by	Date		
Comments			
Signature			