AFFILIATE VERIFICATION FORM

Name of Affiliate: _____

Community: _____

Address: _____ Postal Code: _____

Phone: (w) _____ (h) _____

Fax: Email:

1. Total Number of:

Athletes Active Coaches: Active Officials:

An active coach/official must have participated in your sport in the past season.

Breakdown: *Number of:* Female Juniors: Male Juniors:
Female Adults: Male Adults:
Total Number of Members:

Course/Clinic	# of Participants
Coaching Theory Clinics your club participated in	
Coaching Technical Courses your club participated in	
Officials Courses your club participated in	
Athlete Clinics your club participated in	
Other	

2. Did you attend Yukon Championships last year? Yes ____ No ____
If not, please explain why:

3. Number of members from your affiliate who took part in Yukon Championships?

4. Did your club attend any Association meetings last year?

AGM? Yes ___No ___ **Directors** Yes ___No ___ **Planning** Yes ___ No ____

Our affiliate approves of the Grant Application as submitted by our Sport Governing Body.

Signature: _____ Date: _____

Name: _____
(Please Print)

Position/Title: _____