



Telephone: 204-925-5707
Fax: 204-925-5924
E-mail: lois.k@mbskates.ca
www.mbskates.ca

200 Main Street
Winnipeg, Manitoba
R3C 4M2

SKATE CANADA MANITOBA GAME PLAN POST EVENT REPORT

This post event report must be completed for all activities taking place in Skate Canada Manitoba. This must include all activities taking place or hosted by Skate Canada Manitoba Committees, Regions and Clubs.

This Post Event Report must be submitted within 30 days to Skate Canada Manitoba Office.

COMMITTEE: _____

EVENT: (clinics / visitations / courses, etc.): _____

PURPOSE: (educate / train / etc.): _____

DATE(S) HELD: _____

WHERE (Region): _____

NO. OF PARTICIPANTS: LADIES: _____ MEN: _____

NAME OF CLINICIAN: _____

SUPPORT STAFF: _____

FOR CHAMPIONSHIPS ONLY

NAME OF COMPETITION: _____

NO. OF COMPETITORS: LADIES: _____ MEN: _____

NO. OF OFFICIALS: JUDGES: _____ DATA SPECIALISTS: _____

AUDIO /ELECTRONICS TECHNICIAN: _____

SIGNATURE OF CHAIRMAN: _____ DATE: _____

SUMMARY OF COST OF EVENT

INCOME:

1.	REGISTRATION FEES	\$ _____	
2.	SPECIAL GRANTS	\$ _____	
3.	MISCELLANEOUS	\$ _____	
	TOTAL INCOME	\$ _____	\$ _____

EXPENSES:

1.	TRAVEL	\$ _____	
2.	ACCOMMODATIONS	\$ _____	
3.	MEALS	\$ _____	
4.	FACILITIES	\$ _____	
5.	CLINICIANS	\$ _____	
6.	HONORARIUMS	\$ _____	
7.	MISCELLANEOUS	\$ _____	
	TOTAL EXPENSES	\$ _____	\$ _____
	PROFIT		\$ _____
	DEFICIT		\$ _____

NOTE: IF SKATE CANADA MANITOBA IS RESPONSIBLE FOR THE EXPENSES INCURRED FOR THIS EVENT PLEASE ATTACH THE APPROPRIATE EXPENSE RECEIPTS AND MAIL THEM TO:

**Skate Canada Manitoba
200 Main Street
Winnipeg, MB
R3C 4M2**