



SWIMMING
PRINCE EDWARD ISLAND

Swimmer Funding Application Form

Date of Application: _____

Individual Request

Swimmer Name: _____ Club Name: _____

Meet Attending: _____

Date(s) of Meet: _____ Location of Meet: _____

Coach(es) Attending: _____

Head Coach Signature: _____

Club President Signature: _____

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Group Request

Club Name: _____ Number of Swimmers Attending: _____

Meet Attending: _____

Date(s) of Meet: _____ Location of Meet: _____

Coach(es) Attending: _____

Head Coach Signature: _____

Club President Signature: _____

Please attach list of swimmer names to the application form

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Swim PEI Office Use Only

Application Received:		Confirmation Sent:	
Approval (Yes/No):		Decision Sent:	
Results Received:		Approved Amount:	
Cheque #		Funding Sent:	