SASKATCHEWAN SQUARE & ROUND DANCE FEDERATION INC.

Follow Up Report - Individual

To be submitted to the Business Manager **30 days** after the event(s)

Zone _____ Date _____ File _____

Name of individual applying _____Email_____

Address _____ City/Town _____

PC _____Cell _____ Landline_____

Type of Event: _____ Date of event _____

Location of Event _____

Please describe the benefits to you and the community you participate in by attending this event.

_____

_____

EXPENSES *Please provide a copy of all receipts for covering expenses. Do not include meals.*
For travel a copy of ticket or return distance by auto@$.50/km

Registration	$ _____
Travel	$ _____
Accommodation	$ _____
Other (specify) _____	$_____
_____	$_____
Total Expenses	$ _____
AMOUNT OF GRANT APPROVED	**$ _____**

Mail or email to:
Sheila Kerr, Business Manager,
6 Bryant Street, Regina, SK S4S 4S6
Cell 306-596-2410
Email ssrdfbusmgr@gmail.com

PROUDLY SUPPORTED BY

SASK LOTTERIES

OFFICE USE ONLY
Date Received _____
File # _____
Grant Payable _____
Cheque # _____
Approved by _____

Revised May 2026