

**May 2<sup>nd</sup>, 2008**

To all applicants,

The Saskatchewan Soccer Association offers funding for any females in the province for the following:

- **Coaching Clinics**
- **Referee Clinics**
- **Coaching and Referee Developmental opportunities.**

**How it works:**

All applicants participating in any of the above activities will first pay for the clinic/event or have their club/zone/district pay for them prior to taking the clinic/event. Proceeding payment the applicant must participate in the clinic/event to be eligible for funding. After the event has taken place the applicant/club/zone or district **MUST** fill out a female development application form before **October 31<sup>st</sup>, 2008** to be considered for funding this calendar year. When submitting the application form, it **MUST** be accompanied by the original receipt for the money paid for the clinic/event or the application will not be considered until a receipt can be provided. The Saskatchewan Soccer Association will then gather and review all applications in November. The SSA has a total budget of \$2000 dollars for 2008 to disperse amongst all applications and that money will be equally distributed amongst all the applicants up to a maximum amount applied for in the application not exceeding \$2000 dollars. For example if we get 50 applicants we would equally distribute the funding to give each applicant \$40 each. This money will then be distributed to each of the applicants before then end of this calendar year.

**Please mail all applications to:**

**Saskatchewan Soccer Association  
Attn: Female Development  
1870 Lorne Street  
Regina, SK, S4P 2L7**

For all other inquires about female development please contact Devin Masch ([msa@sasksoccer.com](mailto:msa@sasksoccer.com)) or Udo Baecker ([dts@sasksoccer.com](mailto:dts@sasksoccer.com)) or call the SSA Head Office at 780 9225 thank you.

Sincerely,

Devin Masch  
Membership Services Administrator



## FEMALE DEVELOPMENT APPLICATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (FAX)

Email Address: \_\_\_\_\_ District Affiliation: \_\_\_\_\_

I have attended the following clinic(s)/events(s):

### COACHES:

- Community Coaching Children Clinic       Community Coaching Youth Clinic  
 Community Coaching Senior Clinic    Pre B Course    Provincial B License    National B License

Other (please specify): \_\_\_\_\_

### REFEREES:

- Entry Level Clinic    Regional Referee Course    Provincial Referee Course  
 National Referee Development    Referee Program of Excellence

Other (please specify): \_\_\_\_\_

### INFORMATION TO BE FILLED OUT:

Have you received or applied for any additional funding for the clinic/event?    YES or    NO

If yes (please specify): \_\_\_\_\_

Date(s) of clinic/event: \_\_\_\_\_

Reason for taking clinic/event: \_\_\_\_\_

\_\_\_\_\_

Registration fee or any other fees asking to be forgiven: \_\_\_\_\_

I hereby declare that the above information, to the best of my knowledge, is true and complete.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

I hereby declare that the above named applicant is a member in good standing of this district and of the Saskatchewan Soccer Association.

\_\_\_\_\_  
District Secretary Signature

\_\_\_\_\_  
Date

Please return completed form including paid receipt(s) to: **Saskatchewan Soccer Association, 1870 Lorne Street, Regina Sk., S4P 2L7 on or before October 31<sup>st</sup>, 2008.**

#### SSA Head Office Use Only

Date application received: \_\_\_\_\_

- Approved       Not Approved

Assistance Support      \$ \_\_\_\_\_

Cheque # issued: \_\_\_\_\_