BC Amateur Sport Fund



Project Report

Project Name:		Project #:		
Interim Report Final Report				
If this is an interim report, is the pro	oject timeframe still applic	cable: Yes No		
If an extension is required please in	dicate new end date:			
Contact Information				
Organization:				
First Name:		Last Name:		
Address:				
City:		Postal Code:		
Telephone: ()		Email:	Email:	
for audit purposes.				
	Date	Amount \$ Received		
	Takali	A		
As representatives, we have review and correct.		\$ ove project and certify that	the information submitted is true	
Print Name (Authorized Club Representative)	Position		Date	
Signature (Authorized Club Representative)	_		BC Amateur Sport Fund 250 – 999 Canada Place Vancouver, BC V6C 3C1	

T: 604.333.3400 | F: 604.333.3401 www.sportbc.com