



## Report Form (2019-2020)

Mackenzie Recreation Association | [jessica@mranwt.ca](mailto:jessica@mranwt.ca) | 867-444-5377

Email - person submitting this form

Community

Event/Program Name

Event/Program Location

Event Category

Event/Program Date

### PARTICIPATION & VOLUNTEER INFORMATION

*Enter the number of participants for each age category. If none or not applicable, put zero.*

#### Female Participants

0 to 5 years old

6 to 8 years old

9 to 12 years  
old

13 to 16 years  
old

17 to 54 years  
old

55+

## Male Participants

0 to 5 years old

6 to 8 years old

9 to 12 years  
old

13 to 16 years  
old

17 to 54 years  
old

55+

## Volunteers

*(both male and female)*

13 to 16 years old

17 to 54 years old

55+

## Other Information

*(estimate number for both male and female participants that will benefit from this funding)*

First Time Participants/Volunteers

Indigineous  
Participants/Volunteers

Person with Disability

## **FINANCIAL INFORMATION**

Fill out **ALL APPLICABLE** expenses and revenue below but attach receipts for **ELIGIBLE** expenses only.

### **Expenses**

Transportation

Accommodation

Registration Fees

### **Revenue**

MRA Funding

Community Contribution

Individual Contribution and/or Registration Fees

**Materials & Supplies**

**Territorial Sport Organization (TSO)**

**Instructor/Official (honorarium or per diem)**

**GNWT Funding**

**Food**

**Fundraising**

**Facility Rental**

**Sponsorship & Donations**

**Staff Wages**

**Other**

**Other**

**Receipts or Invoice for eligible expenses**

## **FEEDBACK**

**Were participants registered with territorial sport organization (TSO) either before or for this event?**

☐ Yes ☐ No

**Results of the event/program: certification, participation, medals, information sharing, etc.**

**Upload pictures and/or certification**

**Who to make the cheque out to**

**Recommendations for the future of this event or similar events?**

**Address**

Address Line 1

City

Postal / Zip Code