



**COACHING/VOLUNTEER PROFESSIONAL DEVELOPMENT SUBSIDY**

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

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

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

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Course/Conference Attending: \_\_\_\_\_

Course/Conference Location: \_\_\_\_\_

Cost Course/Conference: \_\_\_\_\_ Cost of Gas for attendance: \_\_\_\_\_

Cost of Meals while attending conference: Breakfast \_\_\_\_\_ (Limit \$6 each)

Lunch \_\_\_\_\_ (Limit \$7 each)

Supper \_\_\_\_\_ (Limit \$12 each)

Cost of Accommodations while attending conference \_\_\_\_\_

Total Costs: \_\_\_\_\_ Subsidy Amount up to 50%: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

***Please submit this portion with a copy all receipts  
related to the  
workshop/course/conference.***

**Special  
Olympics**  
Saskatchewan

