



Appendix A: SAA CHARITY APPLICATION FORM

Charity Name:		Website:	
Charity Number (Revenue Canada #):			
Contact Name:		Tel No:	
Charity Address:			
	<i>Street #</i>	<i>Street Name</i>	
	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
Charity Purpose:			
Do they have programs that balance technical and performance training? If so, supply details.			
Do they allow athletes to develop at their own pace? If so, supply details.			
Do they have social programs to promote fitness? If so, supply details.			
Do they allow people to compete to their potential? If so, supply details.			
Do they promote safety? If so, supply details.			
Do they promote wellness in the community? If so, supply details.			
What area benefits from this charity? (circle most applicable one)	Richmond	Lower Mainland	BC
Is there a connection between charity and SAA member, member's family or friends? (circle most applicable)	SAA member	SAA member's Family or Friend	
Additional Information:			
SAA Member Submitting:			
Date Submitted to SAA Charity Committee:			