

**Nova Scotia Athlete Assistance Program**  
Annual Support Report Form For Period: April 1– March 31

This form **must** be completed and returned to Evan MacInnis at Sport Nova Scotia on or before the due date (March 31<sup>st</sup>), in order to be eligible for funding.

General Information:

Name of Athlete: \_\_\_\_\_

Sport: \_\_\_\_\_

D.O.B: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_       Male       Female  
Year                      Month                      Day

Athlete's Mailing Address:

Street address/PO Box: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (work) \_\_\_\_\_ (home) \_\_\_\_\_

Email: \_\_\_\_\_

Have you been actively training and/or competing during this period?

Yes                                       No

If **yes**, please complete the form outlined on the following page.

If **no**, please indicate the reason(s), including details of any injury in the space provided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide detailed information regarding your competition and training activities during the past time period. Information on your day-to-day training program is not required, only **specific training and competition opportunities**. Please include any equipment, education or medical costs you have incurred as they relate to your program.

Name of Event/ Training Opportunity	Date(s) (Month & Year)	Location	Expenses	Results/Performance
1.)				
2.)				
3.)				
4.)				
5.)				
6.)				
7.)				
8.)				

Total Expenses: \$ \_\_\_\_\_

Please provide details about what your expenses included (fees, training camps, food, transportation, etc.)

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**Athlete's Signature:** \_\_\_\_\_

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

**Please return (by March 31<sup>st</sup>) to:**

**Evan MacInnis  
Canadian Sport Centre Atlantic  
26 Thomas Raddell Drive  
Halifax, Nova Scotia  
B3S 0E2**

**Email: [evan@cscatlantic.ca](mailto:evan@cscatlantic.ca)  
Phone: 425.0942  
Fax: 425.5928**