**Dance Saskatchewan Inc. FORM A - Applicant Contact Information:**

Name:

Mailing Address:

City: Province: Postal Code:

Email Address:

Telephone: (residence) (business)

Cell Number: Fax Number:

**Type of Membership Held with Dance Saskatchewan Inc.:**

**Project contact Information if different from Above:**

Name:

Mailing Address:

City: Province: Postal Code:

Email Address:

Telephone: (residence) (business)

Cell Number: Fax Number:

Project/Program Title:

Start Date: End Date:

**Project/Program Objective (s) Statement: (3 to five lines only)**

**Total Funds Requested from Dance Saskatchewan Inc.**