



DIVE SASK

SUMMER DIVING CLINIC MAP GRANT APPLICATION

300-1734 Elphinstone St, Regina, SK S4T 1K1 306 780-9405 info@divesask.ca

Location:

Mailing Address: _____

Contact Person: _____

Email: _____

Phone: _____

Preferred Date #1: _____

Preferred Date #2: _____

Note: Once your clinic has been approved, promotional posters will be mailed to you and Facebook banners and ads can be found on our website at www.divesask.ca in the Program area.

x	CLINIC	CLINIC FEE	MAP GRANT
	3 Hour Introductory Clinic – 1 Day	\$350	\$300
	6 Hour Learn to Dive Session – 2 Hr x 3 sessions OR 3 HR x 2 sessions	\$850	\$750

FACILITY DESCRIPTION:

Depth of Pool in Diving Area: _____

Number and Height of Diving Boards: _____

Other info about the pool (ie rec equipment, waterslides, etc)

Signature - Pool Manager or Rec Director

Revised Jan 2019

