



SUMMER DIVING CLINIC - MAP GRANT FOLLOWUP

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

Location:

Mailing Address: _____

Contact Person: _____

Phone: _____

Email: _____

CLINIC PARTICIPANTS: All information is required

NAME	M/F	BIRTH DATE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

x	CLINIC	CLINIC FEE	MAP GRANT
	3 Hour – 1 Day Clinic	\$350	\$300
	6 Hour Learn to Dive Session	\$850	\$750

Payments can be made by ETransfer to info@divesask.ca OR can be mailed to the Dive Sask office

PAYMENT:

Office Use

Cost of Clinic	\$	
MAP Grant to be paid upon receipt of clinic fee	\$	
MAP Grant should be paid by	<input type="checkbox"/> E Trsf to _____ <input type="checkbox"/> Chq payable to _____	

_____ Signature - Pool Manager or Rec Director