



Post Event Questionnaire/ Progress Report

The Saskatchewan Indian Gaming Authority and our four casinos are committed to "Sharing Success" in Saskatchewan by sponsoring events and organizations here at home. ***Please answer the following questions and return it in report form to the SIGA Corporate Affairs Department within three months (90 days) of receiving confirmation of sponsorship. (If this report is not returned within 3 months, you may not be eligible for future sponsorships).*** Thank you for your cooperation.

1. Organization Name and Address:

Business/Organization: _____

Address: _____

_____ Postal Code: _____

2. Contact Information:

Contact Name: _____

Phone: _____ Fax: _____

Email address: _____ Cellular : _____

3. Event (Program) Title: _____

4. Event (Program) Date: _____

5. Please identify which sectors that the event/program has benefited:

Sport & Recreation: _____ Yes _____ No
Health: _____ Yes _____ No
Education & Training: _____ Yes _____ No
First Nations Tradition & Culture: _____ Yes _____ No
Arts & Community Events: _____ Yes _____ No
Tourism, Business & Employment: _____ Yes _____ No
Social Initiatives _____ Yes _____ No

Please identify which target groups have been reached with your event/program:

Youth (includes youth at risk) _____ Yes _____ No
Seniors/Elders _____ Yes _____ No
People with Disabilities _____ Yes _____ No
Socially/Economically Disadvantaged _____ Yes _____ No

Number of People Involved:

Participants: _____
Audience: _____
Volunteers: _____

Other – please explain (including number of participants):

6. In point form please identify to which extent the benefits and outcomes have been achieved (as outlined in your request for sponsorship):

8. If SIGA and or Casinos name, logo and/or ad appeared in any printed materials, please attach the program, article or pictures that you may have related to this sponsorship.

9. Please attach budgets pertaining to this sponsorship.

10. Please attach photographs, testimonials or any additional information.

Date Submitted: _____

Completed by: _____

Signature: _____

Please return this questionnaire and related information to:
Corporate Affairs Department
Saskatchewan Indian Gaming Authority
Attention: Community Relations Coordinator
Suite 250 103C Packham Avenue
SASKATOON SK S7N 4K4
Phone: 477-7777 Fax: 477-7570





Post Event Questionnaire/Budget

Event: _____

Event Date: _____

Income	Amount
Cash donations/sponsorships	\$
Fundraising	\$
In-kind contributions (non-cash-please list)	\$
Other sources (please list)	\$
1.	\$
2.	\$
3.	\$
Total Income	\$
	\$
Expenditures	\$
Administrative Costs	\$
Advertising/Marketing/Printing	\$
Awards/Scholarships	\$
Cultural	\$
Elders/Seniors Activities	\$
Entertainment	\$
Equipment costs	\$
Facilities	\$
Honoraria	\$
Meals/refreshments	\$
Rentals	\$
Salaries	\$
Youth Activities	\$
Other direct related expenditures (please list)	\$
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
Total Expenditures	\$
Profit/Loss	\$