

Gymnastics Nova Scotia

Travel Report Form

Provincial Team Out of Province Clinic Other (_____)

To be submitted to GNS within thirty (30) days from the completion of the event with Claim Form (H1) to receive expenses. Expenses will be paid after report received.

SUBMITTED BY: _____ POSITION: _____

EVENT: _____ DATE(S): _____

PARTICIPANTS:

JUDGE(S) _____

ATHLETE(S) _____

COACH(ES) _____

RESPONSIBILITY/REPORTING/PERSONS/TEAM INVOLVED: _____

ACCOMMODATIONS: _____

TRAINING/COMPETITION (general comments/specific to individuals/calibre of competition):

EXTRACURRICULAR ACTIVITIES: _____

SUMMARY OF EVENT

What was good about this trip/event? _____

What could use improvement? _____

Recommendations for future: _____

ATTACH TO REPORT:

- _____ Expense Claim Form(H1) – include receipts if necessary
- _____ Competition Results (**only if not provincial team travel**)
- _____ Courses/Clinic Resource Materials and Information