

**Performance Enhancement Program "PEP"
Stage 2 Funding Application**

Provincial Sport Organization (PSO): _____

PEP Topic Area (please check):

- Physiology: Assessment, Periodization, Long Term Development, and Acclimatization Strategies
- Nutrition Mental Training Strength & Conditioning
- Injury Prevention Biomechanics Analysis Other _____

Has your team/athletes worked with service providers in the above chosen topic area before? Yes ____ No ____

PSO Contact for session (Coach/Manager): _____

Telephone: _____ **Email:** _____

Please list 3 option **dates and times** that your program would be available for the PEP session

1st Option: _____ **2nd Option:** _____ **3rd Option:** _____

Location for Session: _____

Number of Athletes Attending: _____ **Athletes Age Range:** _____

Number of Coaches Attending: _____ **Athlete Gender:** _____

Session Specifics: Please give us an outline of the specific areas that your team/athletes require assistance with. This detailed information will allow our speaker to ensure the session with your program will be tailored to your needs:

Authorization:

Signature of PSO Rep: _____ **Title:** _____ **Date:** _____

Approved: _____ **Date:** _____

Comments: _____

Please return completed forms to the Sport Medicine Council of Manitoba, fax 925-5624.
For more information on the Performance Enhancement Program please visit www.sportmed.mb.ca

