



Rivers West

**District for Sport, Culture & Recreation
Inc.**

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Sport, Culture & Recreation Event and Partnership Building Program Final Report

Project Title: _____ Host Organization: _____

Date(s) of project: _____ Location of project: _____

Host Municipality: _____ Contact Name: _____

Address: _____

Phone Number: _____ Email: _____

Number of participants who participated in project: _____

Number of males: _____ Number of females: _____

Participants ages: _____ to _____

Number of volunteers involved with the project: _____

Number of volunteer hours donated to the project: _____

Brief evaluation of project: _____

****Please submit a final financial statement along with copies of all receipts.**