



# Rivers West

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

P.O. Box 1480, Rosetown, SK., S0L 2V0

Phone: (306) 882-3030

Email: [rwdscri.donna@sasktel.net](mailto:rwdscri.donna@sasktel.net)

## **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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In what ways did you acknowledge Rivers West District and Saskatchewan Lotteries at your event?

\_\_\_\_\_

\_\_\_\_\_

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