

South West District for Culture, Recreation & Sport

April 2009 - March 2010

Wellness Wagon Program Requests

complete in full



	Name of Program	Date	Time	Location (school, hall)	Target Age (Children, Youth, Adult)	Instructor Name and Phone Number
1						
2						
3						
4						

Community: _____ WW Coordinator (WWC): _____

WWC Phone Number: _____ WWC Fax Number: _____

WWC Email Address: _____ WWC Address: _____

Member Board Chair Name: _____ Chair Signature: _____

Email Address: _____ Chair Phone #: _____

Please Complete and Return to: South West District for Culture, Recreation & Sport

Box 39

Bengough, SK S0C 0K0

Fax: 268-2067 d.ashby.swdcrs@sasktel.net

