



**South West District
for Culture,
Recreation & Sport**

Wellness Wagon Program Requests

April 1, 2011 – March 31, 2012

Name of Program	Date	Time	Location <i>(school, hall)</i>	Target Age <i>(children/youth/adult)</i>	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 & RETURN TO:

South West District for Culture, Recreation & Sport
#415 - 310 Main Street North, Moose Jaw, SK S6H 3K1
or fax to: 694-7907