

# KidSport™ Saskatchewan Program Grant Follow-Up Report



Please complete the following report and submit it to the Provincial KidSport™ office.  
Report due 30 days following the completion of the program.

*Program Name:* \_\_\_\_\_

*Community Group  
Running the Program:* \_\_\_\_\_

*Sport:* \_\_\_\_\_

*Program Dates:* \_\_\_\_\_

*# of children who  
participated:* \_\_\_\_\_

*How many of the participants fall into each category?*

\_\_\_\_\_ under 5 yrs    \_\_\_\_\_ 5 to 10 yrs    \_\_\_\_\_ 11 to 14 yrs    \_\_\_\_\_ 15 to 18 yrs

\_\_\_\_\_ total number of females    \_\_\_\_\_ total number of males

*Please provide a brief description of the program.*

---

---

---

---

