RecreationNL
Wellness Supporters
make 'you' time

parasport and recreation
For Persons with a Disability Initiative

Recreation & Sport for Persons with a Disability Initiative
Parasport Try It Session Report Form

SECTION 1: General Information	
PSO/Group Name:	
Contact Name:	Title/Position:
Permanent Mailing Address:	
Town/City:	Postal Code:
Telephone Number:	
Email (mandatory to include):	

SECTION 2: Funding Information
Location of Try It Session:
Date:
Which group below did this initiative target? (Check all that apply) ☐Children ☐Youth ☐Adults ☐Seniors (55+) ☐Community ☐Other_____
How many people participated in this initiative?
Provide a summary of the Try It session.

What would you consider to be the most significant success of receiving this funding support for your group?
Would your group avail of this funding again in the future? ☐Yes ☐No

SECTION 3: Certification
I hereby certify that the information contained in this report and any attachments are complete and accurate, and that funds were used only for the participant(s) and/or equipment as approved by my funding submission.
Name of Signing Authority:
Title:
_____ Signature of Signing Authority _____ Date

Please submit this report to:

RNL – Parasport and Recreation for
Persons with a Disability Initiative
1296A Kenmount Road
Paradise, NL A1L 1N3

OR

Email: amandabrinson@recreationnl.com