

Rural Soccer and Futsal Grant: Application

Application Type: Choose an application type.

Submission Date: Click or tap to enter a date.

Contact Information

Member Organization Name	
Mailing Address	
Postal Code	
City/Town	

Primary Contact

First and Last Name:	
Phone Number:	
Email:	
Other Email:	
Position with Organization:	

Secondary Contact

First and Last Name:	
Phone Number:	
Email:	
Other Email:	
Position with Organization:	



Community Support

Check off all that apply.

Soccer or Futsal community currently has access to:

- Indoor field or space (gym)
- Outdoor field
- Adult or Senior recreational groups or clubs
- Community recreational director or Town council support

Program Model

Check off all that apply.

Describe the Adult program model:

- Drop In League
- Recreational Teams
- Other:

What season do you plan on offering the Adult program?

- Outdoor Season (April-September)
- Indoor Season (October-March)

Please provide an overview of the program (season length, # of games or events, volunteers):

What is your long-term goal for providing an Adult program in your community?



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