

# Bridge the Gap Youth Rugby Grant



CANADIAN RUGBY  
FOUNDATION

## Contact Information:

Club Name \_\_\_\_\_ Location of Club \_\_\_\_\_

Provincial Sport  
Organization \_\_\_\_\_ Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

## Youth Program Description

Please describe your youth rugby program and how it has developed (for example: when it was started, strengths and areas for improvement, key people, etc.) Please attach additional page if more detail required.

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Please provide a description of your youth event or project. Please attach additional page if more detail required.

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Date of event or project \_\_\_\_\_ Number of youth participating \_\_\_\_\_

Number of volunteers \_\_\_\_\_ Age grade of program  
(U8, U10, U12, U14)

Other Community  
organizations involved? \_\_\_\_\_

Are you receiving or applying for any other funding or sponsorship from businesses or other organizations? Explain

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Is your rugby club providing any assistance to this event or project? Explain

List expenses for event or project

Item Description	Estimated expense

How will this event or project have a lasting effect on the development of youth rugby?

Please provide any additional information. Please attach additional page if more detail required.

**Canadian Rugby Foundation**

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PO Box 8003  
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☒ Yes I would like more information on the Canadian Rugby Foundation programs.