



Recreation Reimbursement Application

Reimbursement is 50% of the cost with a limit of \$200.00 per household, per fiscal year.
Please Note: We will only accept receipts that date back as far as 3 months from date of application.

Parent/Guardian Application information

Date: (yy/m/d):

Full Legal Name: _____ Date of Birth(yy/m/d): _____
Citizenship #: _____ Village/Community: _____
Residential Address: _____
Mailing Address (if different from residence): _____
City: _____ Postal Code: _____
Phone#: _____ Mobile #: _____
Email Address: _____

Recreational Program Information (School or Work)

Course Name: _____
Cost: _____ * Original receipt must be attached to receive reimbursement

If applicable—Child(ren)'s full legal name(s) - 18 years and under (if more space is needed, use back of page)

Name:	Citizenship #:	Birthdate (yy/m/d):
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Signature: _____

By signing this document, I confirm I have completed this form truthfully and accurately to the best of my ability

Current Contact Information <input type="radio"/>	Current Proof of Address <input type="radio"/>	Citizenship Number <input type="radio"/>
Approved By:	Date:	Amount Paid: