



Personal Fitness Gear Reimbursement Application

Personal Fitness Gear Reimbursement with a limit of \$75.00 per registered member, per fiscal year.

Please Note: We will only accept receipts that date back as far as 3 months from date of application.

Includes: shoes, fitness gear, equipment. Does not include: electronic devices, fit-bit subscriptions, etc.

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

Gear/Equipment Information: _____
Cost: _____ * Original receipt <u>must</u> 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:	Percentage Paid