



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/mm/dd): _____

Full Legal Name: _____ Date of Birth (yy/mm/dd): _____

Citizenship #: _____ Village/Community: _____

****Has your address changed**** Yes, please fill in info below No, skip to program information

Current Mailing Address: _____ City: _____

Postal Code: _____ Phone #: _____ Cell #: _____

Email: _____

Recreational Program Information (School or Work)

Course Name: _____

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

If applicable – Children’s Full Legal Name(s) – 18 years and under (if more space is needed, use space on back of page)

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

Banking Information:

Preferred mode of payment: Cheque Direct Deposit ****Has your banking information changed: Yes No**

If yes, please provide new information below:

Bank	Institution	Transit	Account Number	Type of Account

Signature: _____

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