



APPLICATION FORM

SECTION 1: APPLICATION INFORMATION

Name: _____ Birth Date d(d/mm/yy): _____ / _____ / _____

Gender: _____ Age: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: (_____) _____ Email: _____

SECTION 2: REQUEST FOR FUNDING

I would like to request funding for: Sport or Activity –Type of activity: _____

Name of club or organization: _____

Registration Fees \$ _____

Equipment needed: _____ \$ _____

Please indicate sport or recreation activity start date: _____

1) Parent/Guardian/Counsellor

Please indicate relationship to applicant: _____

Name: _____

Address: _____

City: _____ Province: _____

Telephone (_____) _____

I certify my submission of the above child/youth and verify that all the information given is correct and can be substantiated. If public transportation is to be used, I further agree that the above named child will be accompanied by the parent/guardian or other responsible adult.

Signature of Adult: _____ Date: _____

Jump Start is supported by:

For more information please contact:

Skeena Family Resources
Mark Dhami: Phone: 250-635-7087

Terrace Big Brothers & Big Sisters
Lois Doehler: Phone: 250-635-4232

Leisure Services
Kim MacDougall: Phone: 250-615-3025

Canadian Tire
Maria: Phone: 250-635-7178 extension 245

Applications can be dropped off at the Aquatic Centre

Approved by: _____