THUNDERBIRD RECREATION EXECUTIVE COMMITTEE (TREC)
YOUTH CHOSEN ACTIVITY TRAVEL ASSISTANCE ONE TIME PER YEAR FUNDING APPLICATION FORM

Parent(s) Name: _____ **Tel. No.:**_____

E-mail Address:_____ **Cell No.:** _____

Current Address: _____
_____
_____

Name of Child: _____

Date of Birth: _____ **is the Child a Band Member: Yes:___ No:___**

Please tell the Recreation Committee about the activity you are seeking Travel Assistance sponsorship for:

Name of activity: _____

Previous involvement in this activity:
_____
_____

Proof of Activity registration attached: Yes _____ No _____ If No why? _____
_____

Maximum allowable travel assistance $ 200.00

Signature of Parent: _____ **Date:**_____