

THUNRDERBIRD RECREATION EXECUTIVE COMMITTEE (TREC)
YOUTH CHOSEN SPORT OR ACTIVITY PROVINCIAL or EQUIVALENT LEVEL FUNDING
APPLICATION FORM

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

E-mail Address: _____ Cell No.: _____

Current Address: _____

Name of Child: _____

Date of Birth: _____ Band Member: Yes: ___ No: ___

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

Name of activity: _____

Date(s): _____

Location: _____

Previous involvement in this activity:

Documented Proof of Particiation at this level attached: Yes _____ No: _____
If No, Why _____

Total cost of activity: \$ _____ Total Requested Amount: \$ 250.00

Which community event(s) are you or your child(ren) willing to volunteered for:

Signature of Parent: _____ Date: _____