



Kids Recreation Fund FAMILY APPLICATION FORM

Please read the Kids Recreation Fund GUIDELINES prior to applying.

Name of child: _____ Birthdate: _____

Parent/guardian name(s): _____

Address: _____ Telephone: _____

Name of organization providing the activity: _____

Address: _____ Telephone: _____

Start date: _____ End date: _____

Registration fee: \$_____ Other costs to the family (please specify): \$_____

Request from the Kids Recreation Fund: \$_____

***Funds will be paid to the organization.**

Please complete Section A OR Section B

Section A:

I certify that my total family net income is under \$30,000 per year (as per Revenue Canada return). I understand that I may be required to verify this information.

Parent/guardian signature(s): _____

Section B:

Other family hardship or circumstances (please specify): _____

Parent/guardian signature(s): _____

Personal information is collected under the authority of the Health Act for the purpose of delivering a program under the Health Investment Fund. Questions about the collection of information should be directed to Active Living/Community Recreation Consultant, Community and Transportation Services (M-3B), (867) 667-3778 OR Administrative Assistant, Department of Justice (J-10), (867) 667-3709, Box 2703, Whitehorse, Yukon, Y1A 2C6.