Ucluelet Parks & Recreation Subsidy ProgramApplication Form For Residents of Ucluelet Only

Participant Information					UCI	RICT OF	
Family Name:					OCL	OLLLI	
Mailing Address:				Age Category:			
			. -	Child (0 - Youth (13 Adult (19	3 - 18 yrs)		
Email Address:			_	Seniors (6	· · ·		
Phone: home:	_ cell:						
Would you be able to participate Would you be able to afford ha				subsidy?			
Would you be interested in volu	- · · · · · · · · · · · · · · · · · · ·				iated)		
Programs/Pass Request	s noi comingeni on me	арріісано	II DUI IS CIW	ays apprec	ialeaj		
Up to a maximum of \$100/person/season ie. Fall Funds will be distributed based on availability and need				Office Use Only			
Participant's Name Last First	Program Name/Pass*	Program Cost	Amount Requested	Amount Approved	GL		
* Please note: Universal Yoga Punch Passes subsidies are available * Balance of program must be paid within 3 working days once notified. I, the undersigned, certify that all the information contained in this application is correct to the best of my knowledge. I am aware that the application will be considered by the Ucluelet Parks & Recreation Department and that all information contained in this application will be kept confidential.							
Signature			Date submitted				
Name Printed Please return completed and signed form to:			Ucluelet Parks & Recreation Department P.O. Box 999 500 Matterson Drive Ucluelet, B.C. VOR 3A0				
For more information please contact Abby Fortune, Director of Parks & Recreation 250-726-7772 or afortune@ucluelet.ca							
Director's Signature			Date Co	ntacted:			
Date:			Signature	ə:			