



2010 KidSport™ Burnaby Grant Application

All five sections of the application must be filled out completely. Incomplete and illegible forms will be returned. The adult sponsor completes sections 1 - 3, then passes the application to the adjudicator to sign. Please see Application Guidelines for complete details on application process. Application must be submitted to the KidSport™ chapter in your area or to KidSport™ BC.

| | |
|---|--|
| Section 1: Athlete Recipient | |
| First Name: | Last Name: |
| Address: | |
| City: | Postal Code: |
| Telephone: () | Email: |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | Birth Date: |
| Sport activity for which the grant will be used: | School: |
| Sport season (ie: Sept-March): | |
| Full Registration Cost: | Grant request (max \$100): |
| Section 2: Sport Organization | |
| Club / League / School: | |
| Address: | |
| City: | Postal Code: |
| Telephone: () | Email: |
| Contact: | Position: |
| <input type="checkbox"/> The athlete is registered with our organization | Signature: |
| Section 3: Adult Sponsor | |
| First Name: | Last Name: |
| Address: | |
| City: | Postal Code: |
| Telephone: () | Email: |
| Relationship to athlete: | |
| I agree, to the best of my knowledge the above information is accurate: | Date: |
| Signature of adult sponsor: | |
| How did you find out about KidSport™: <input type="checkbox"/> sport organization <input type="checkbox"/> recreation centre <input type="checkbox"/> website <input type="checkbox"/> school <input type="checkbox"/> other | |
| Section 4: Adjudicator *This section must be completed by the Adjudicator prior to submitting application form | |
| First Name: | Last Name: |
| Position: | Organization: |
| Address: | |
| City: | Postal Code: |
| Email: | |
| Telephone: () | Fax: () |
| I have thoroughly read and understand the guidelines of KidSport™ and agree this applicant meets the guidelines. I believe the family of this applicant has financial need and a grant from KidSport™ would allow the child to participate in a season of sport. I agree to participate in a brief telephone follow-up if required. | |
| Signature of Adjudicator: | Date: |
| For Office Use Only | |
| Cheque Number: | Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Approved By: | Approved Date: |
| Approved Funding Amount: | Has the athlete receive a KidSport™ grant before: |