Deadlines Spring / Summer May 15th



Deadlines Fall / Winter October 15th

Name:	Birth Date (d	d/mm/yy)	
	ge: Address:		
	Province:		
	email:		
SECTION 2: REQUEST FO	OR FUNDING *please ensure al	I information is complete	
would like to request funding	ng for		
'Sport or Activity - Organiza	ation Name:		
'Registration Fees	\$_		Max \$300
Organization Contact:			
'Tel: ()	*Address:	*City:	
*Prov *Postal Co	de*email addre	ess	
Discount in the state of the state of	creation activity start date:	Number of week	c.
SECTION 3: ENDORSEME	ENT		
SECTION 3: ENDORSEME	ENT		
SECTION 3: ENDORSEME 1. Parent / Guardian / Cour Please indicate relations	ent ncillor hip to applicant		
SECTION 3: ENDORSEME 1. Parent / Guardian / Cour Please indicate relations Name:	ent ncillor hip to applicant Address: _	,	
1. Parent / Guardian / Cour Please indicate relations Name:	ent ncillor hip to applicant Address: Prov	Postal Code	
1. Parent / Guardian / Cour Please indicate relations Name:	ent ncillor hip to applicant Address: _	Postal Code	
I. Parent / Guardian / Cour Please indicate relations Name: City: Tel ()	ent ncillor hip to applicant Address: Prov	Postal Code	
Please indicate relations Name: City: Tel () * Permission for Jump Sta	ent ncillor hip to applicant Address: _ Prov *email	Postal Codeyes / no	
Permission of the above	cillor hip to applicant Address: Prov *email art to contact you directly: circle	Postal Code yes / no tion given is correct and can be substa	antiated
Permission of the above	ent ncillor hip to applicant Address: Prov *email art to contact you directly: circle	Postal Code yes / no tion given is correct and can be substa	antialed
Please attach a letter from a	ent ncillor hip to applicant Address: Prov *email art to contact you directly: circle child/youth and verify that all the information of the community leader indicating residue.	Postal Code yes / no tion given is correct and can be substa	antiated
Please attach a letter from a	cillor hip to applicant Address: Address: Prov *email art to contact you directly: circle child/youth and verify that all the information of the community leader indicating region to participate in requested activities.	Postal Code yes / no tion given is correct and can be substate Date: lationship to applicant and a vity or program. The communications	antiated
Permission for Jump State Certify my submission of the above Signature of Adult: Community Leader / Properties at applicant's economic barrier on a position to identify an applicant's according to the above signature of Adult:	ent notillor hip to applicant Address: Address: *email art to contact you directly: circle of child/youth and verify that all the information of the participate in requested activing assess the economic barrier of the participate in requested activing assess the economic barrier of the participate in requested activing assess the economic barrier of the participate in requested activing assess the economic barrier of the participate in requested activing assess the economic barrier of the participate in requested activity and assess the economic barrier of the participate in requested activity and assess the economic barrier of the participate in the participate in requested activity and assess the economic barrier of the participate in	yes / no tion given is correct and can be substa Date: lationship to applicant and a vity or program. The community of the applicant.	entiated verification of t
Please attach a letter from a applicant's economic barrier or in a position to identify an Organization:	cillor hip to applicant Address: Address: Prov *email art to contact you directly: circle child/youth and verify that all the information of the community leader indicating region to participate in requested activities.	yes / no tion given is correct and can be substa Date: lationship to applicant and a vity or program. The communion of the applicant Position:	entiated verification of t

Drop off at Uxpool; JumpStart and its members will respect the confidentiality of all applicants