



**APPENDIX A**

**APPLICATION FOR ACTIVITY CREDIT**

PARTICIPANTS NAME: \_\_\_\_\_

PARENT / GUARDIAN NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE: \_\_\_\_\_

**ACTIVITY INFORMATION:**

PROGRAM ACTIVITY NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_ COST: \_\_\_\_\_

Are you currently a member, or do you intend to register with the following organizations: Eliot River Ramblers, Cornwall & Area Minor Baseball Association, Cornwall Softball Program, Cornwall Timberwolves, or PEI Lacrosse?  YES  NO

Which Association: \_\_\_\_\_

*Internal Use Only:* Received By: \_\_\_\_\_

*Proof of residency attached:* \_\_\_\_\_

*Decision:* APPROVED                      DECLINED

*Staff Recommendation / Comments:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_