



**APPENDIX A  
APPLICATION FOR ACTIVITY CREDIT**

PARTICIPANTS NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
PARENT/GUARDIAN NAME: \_\_\_\_\_  
PHYSICAL ADDRESS: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**ACTIVITY INFORMATION:**

PROGRAM ACTIVITY NAME: \_\_\_\_\_  
LOCATION: \_\_\_\_\_ COST: \_\_\_\_\_

**\*If you are currently a member of, or if you intend to register with the following organizations, you don't qualify for the Activity Credit as they already receive a subsidy from the Town of Cornwall: Eliot River Ramblers, Cornwall & Area Minor Baseball Association, Cornwall Softball Program, Cornwall Timberwolves, or PEI Lacrosse\***

Internal Use Only: Received By: \_\_\_\_\_  
Proof of residence attached: \_\_\_\_\_

Decision: APPROVED

DECLINED

Staff Recommendation/Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

