



**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: _____

***Participants are only eligible for one rebate per fiscal year (April 1 – March 31)**

Parent/Participant signature _____
Date

Internal Use Only: Received By: _____
Proof of residence attached: _____

Decision: APPROVED DECLINED

Staff Recommendation/Comments: _____

Approved by: _____ Date: _____