

UPPER NICOLA RECREATION POLICY APPLICATION

Note that the fiscal year goes April 1 – March 31; no retroactive payments for previous years; payments are for current fiscal year only Accommodations, food, travel, & work supplies are NOT covered.

PERSONAL INFORMATION:

_____ 697 _____
Last name First name Registration #

____/____/____
Birthday Y/M/D M F Other

_____ , _____
Mailing address City Province Postal Code

Physical address only if different than mailing

_____ , _____
Physical address City Province Postal Code

_____ Best time to reach you: _____
Home phone Mobile phone Best phone to call? _____

Email address

Which you are applying for: Child (0-18) Adult (19+)

Can you write a brief description about what your form of recreation that you would like to be reimbursed for:

Payable to: _____

Application amount: _____

Application recommended for funding _____

Approval for funding _____

For office use only, Circle one: Code: 10 -85810-710 OR 10-85810-706