

**Stswecem'c Xgat'tem First Nation  
Recreation Fund Application**

Name Individual/Team: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Sport or activity: \_\_\_\_\_

Full Registration Cost: \_\_\_\_\_ Grant request (Max 50%): \_\_\_\_\_

Sport Season (i.e. Sept – March): \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Application Approved: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Comments: \_\_\_\_\_

Amount Approved: \$ \_\_\_\_\_ Payable to: \_\_\_\_\_

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

Receipted required: Yes: \_\_\_\_\_ No: \_\_\_\_\_