

VILLE RÉGIONALE
DE CAP-ACADIE

REGIONAL TOWN
OF CAP-ACADIE

"ANNEX A"

APPLICATION FORM ACTIVITY REGISTRATION INCENTIVE PROGRAM

GENERAL INFORMATION ABOUT THE YOUTH

First and Last Name: _____

Date of birth (dd/mm/yy): _____

Full address: _____

(Proof of residence)

Parent/Guardian Name: _____

Telephone: _____ Cellular: _____

Email: _____

INFORMATION ON THE ACTIVITY (Incentive of \$50)

Name of Association: _____

Start and end dates of the activity: _____

Amount paid: _____ **(Submit Receipt/Proof of Payment)**

Contact person: _____

Telephone: _____ Cellular: _____

Email: _____

COMPETITIVE EVENT INFORMATION (Incentives of \$100 or \$150)

Event Name: _____

Date of the event: _____

Event Location: _____

Provincial level National/International Level

(submit proof of participation in the event)

Contact person: _____

Telephone: _____ Cellular: _____

Email: _____

I, the undersigned, declare that my child is enrolled in the above activity program(s).

Signature (parent/guardian): _____

Date: _____

Send the application to:

Regional Town of Cap-Acadie

Department of Recreation and Community Life

2647 Acadie Road, Cap-Pelé, NB E4N 1C2

Telephone: (506) 577-2030

Email: info@capacadie.ca

Website: <https://capacadie.ca/en/>

Facebook: <https://www.facebook.com/capacadie>