



GRANT APPLICATION FORM FOR REGISTRATION

GENERAL INFORMATION ABOUT YOUTH

First and last name: _____

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

Full address: _____

Name of parents, guardians: _____

Telephone: _____ Cell phone: _____

Email: _____

INFORMATION ON ACTIVITY PROGRAM # 1

Name of the association: _____

Start and end dates of the activity: _____

Amount paid: _____ (submit receipt/proof of payment)

Contact person: _____

Telephone: _____ Cell phone: _____

Email: _____

INFORMATION ON ACTIVITY PROGRAM # 2

Name of the association: _____

Start and end dates of the activity: _____

Amount paid: _____ (submit receipt/proof of payment)

Contact person: _____

Telephone: _____ Cell phone: _____

Email: _____

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

Signature (father, mother or guardian): _____

Date: _____

Submit the completed form and proof of payment to:

**Office of the Town Hall
1709 Route 133, PO Box 2 002
Grand Barachois, NB E4P 8V1
Phone: (506) 532-0730 • Fax: (506) 532-0735
Email: info@beaubassinest.ca**

INFORMATION: www.beaubassinest.ca

 **www.facebook.com/beaubassinest**

For staff use:

Request received by: _____ Date: _____

Eligible application: Yes ___ No ___ Grant in the amount of: _____

Date: _____ By: _____ Check: _____