



# ᐃAQ'AM



## ᐃaqamnik Recreation Fund Application

Participant Last Name:		
Participant First Name:		
Participant ᐃaqam Band no.		
Parent Name (if the participant is a minor):		
Parents ᐃaqam Band Number no.		
<u>Address:</u> Apt/Unit and Street Name: City and Postal Code:		
<u>Contact Information:</u> Phone Number:  Email:		
What program you or your child will be doing?		
Program Dates:		From:                      To:
Program Fees (\$)	Equipment Fees (\$)	Other Fees (\$) (please describe and amount)

**Fully Paid Receipts are required for reimbursement or invoice for direct payment from vendor.**

**Office Use Only**

Receipts Received:	Cheque Requisition Processed:
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