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|  **ʔaq̓amnik̓ Recreation Fund Application**

|  |  |
| --- | --- |
| **Participant Last Name:**  |  |
| **Participant First Name:** |  |
| **Participant ʔaq̓am Band no.** |  |
| **Parent Name (if the participant is a minor):**  |  |
| **Parents ʔaq̓am Band Number no.** |  |
| **Address:****Apt/Unit and Street Name:** **City and Postal Code:**  |  |
| **Contact Information: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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