



# Ucluelet Recreation Subsidy Program

## Application Form For Residents of Ucluelet Only

### Participant Information

Family Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

#### Age Category:

Tot (0-3)

Child (4 - 12 yrs)

Youth (13 - 18 yrs)

Adult (19 yrs +)

Senior (65 yrs +)


Would you be able to participate in the program listed below without subsidy? \_\_\_\_\_

Would you be able to afford half of the program fee or more? \_\_\_\_\_

Would you be interested in volunteering opportunities within the department? \_\_\_\_\_

(please note volunteering is not contingent on the application but is always appreciated)

Up to a maximum of \$100/person/season ie. Fall

Participant's Name	Program Request	Program	Amount	Office Use Only
		Cost	Requested	Amount Approved

**PLEASE NOTE: The balance of program must be paid within 3 working days once notified. Any applicable GST must be paid by the participant.**

I, the undersigned, certify that all the information contained in this application is correct to the best of my knowledge.  
I am aware that the application will be considered by the Ucluelet Recreation Department and that all information contained in this application will be kept confidential.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date submitted

\_\_\_\_\_  
Name Printed

**Please return completed and signed form to:**

Ucluelet Recreation Department  
P.O. Box 999  
500 Matterson Drive  
Ucluelet, B.C. V0R 3A0

**For more information please contact Abby Fortune, Director of Community Services  
250-726-7772 or [afortune@ucluelet.ca](mailto:afortune@ucluelet.ca)**

### For office use only

\_\_\_\_\_  
Director of Community Services

\_\_\_\_\_  
Date Contacted

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contacted by