

Completed form : Mail: Box 30070, Saskatoon SK S7L7M6 or Drop off: 219 Wedge Road

Canadian Tire Jumpstart Application Form Spring /Summer 2011

SECTION 1: APPLICATION INFORMATION

Child's Name: _____ Birth Date(dd/mm/yy): _____/_____/_____

Gender : M / F Age: _____ Address: _____

City: _____ Province: SK Postal Code: _____

Tel: (_____) _____ Email: _____

Name of Parent/Guardian: _____

SECTION 2: REQUEST FOR FUNDING

Please identify the sport or activity for which you are requesting funding: **SOCCER**

Organization offering the sport or activity: **SUSC Saskatoon United Soccer Club**

• Fees: **Registraion \$200.00 Tournament / start up \$100.00 TOTAL \$300.00**

Organization contact: **Lisette Denis SUSC Registrar Tel: 978-8178**

Address: **219 Wedge Road** City: **Saskatoon** Province: SK Postal Code: **S7L6E8**

Please indicate sport or recreation activity start date: **May 1st - July 17th finals to follow**

SECTION 3: ENDORSEMENT

Community Leader (School Principal/Guidance Counselor/Doctor/Dentist/Lawyer)

Name: _____ Address: _____

City: _____ Province: SK Telephone (_____) _____

Email: _____ Please indicate relationship to applicant: _____

I certify my endorsement of the above child/youth and verify that all the information given is correct and can be substantiated

Signature: _____ Date: _____

If possible, please attach a letter from a community leader indicating relationship to applicant verifying the applicant's economic barrier to participate in the requested activity or program. The community leader should be in a position to identify and assess the economic barriers of the applicant.

FOR OFFICE USE ONLY

Application Received (dd/mm/yy) _____/_____/_____ Application Complete:
(Y/N) _____ Accepted: (Y/N) _____ Reason: _____

First Time Funding: (Y/N) _____ Amount:\$ _____ Allocation Period: Spring/Summer OR Fall/Winter