



CITY OF WELLAND
Recreation, Sport & Culture Division
 145 Lincoln Street, Welland, ON L3B 6E1
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CONFIDENTIAL

For Internal Use Only

Approved: _____ YES _____ NO

Program Coordinator Signature: _____

Date: _____

Sponsorship Fund: _____

SUBSIDY REQUEST & REFERRAL FORM – SUMMER SPORTZ CAMP

IMPORTANT INFORMATION

Any child receiving monetary assistance is required to attend the full week of camp, a child that is absent without cause may or may not be eligible for monetary assistance in subsequent years.

Each child that is approved will get one week of camp subsidized subject to availability. Applicants will be contacted regarding their subsidy request by the Camp Coordinator.

Please note that any week(s) previously registered for are excluded from the subsidy program.

PARTICIPANT INFORMATION

Name of Parent/Guardian(s)	
Name of Child(ren)	
Age(s) of Child(ren)	
Address:	
Telephone number:	
Fax:	
Email address	
Referral Agency & Contact Name <i>*if applicable</i>	
Has the child(ren) ever attended the City of Welland Summer Sportz Camp in previous years? If yes, please indicate what year(s)? _____	
Has the child(ren) ever accessed the subsidy program in previous years? If yes, please indicate what year(s)? _____	
Reason for Request/Referral: <i>Please tell us about your child's current circumstances and why you are requesting subsidy for summer camp this year. (Please use reverse side if more space is needed.)</i>	

