



# Access to Recreation Application Form

## Parks, Recreation & Culture

P.O. Box 157, 97 Hurontario Street, Collingwood, Ontario L9Y 3Z5

705-445-1030 [service@collingwood.ca](mailto:service@collingwood.ca)

### 1. Primary Contact Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

### 2. Funding Recipients' Information:

All members must reside in the same household. Proof of residency may be required.


1. Family Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Family Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. Family Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4. Family Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### 3. Organization Receiving Funding:


 1. Name of organization receiving funding: \_\_\_\_\_

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

Town: Collingwood \_\_\_\_\_ Province: Ontario \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Type of sport: \_\_\_\_\_ Program start date: \_\_\_\_\_

 2. Name of organization receiving funding: \_\_\_\_\_

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

Town: Collingwood \_\_\_\_\_ Province: Ontario \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Type of sport: \_\_\_\_\_ Program start date: \_\_\_\_\_

 3. Name of organization receiving funding: \_\_\_\_\_

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

Town: Collingwood \_\_\_\_\_ Province: Ontario \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Type of sport: \_\_\_\_\_ Program start date: \_\_\_\_\_

 4. Name of organization receiving funding: \_\_\_\_\_

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

Town: Collingwood \_\_\_\_\_ Province: Ontario \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Type of sport: \_\_\_\_\_ Program start date: \_\_\_\_\_



### Primary Contact Signature

I hereby agree that all information provided on this application is complete and accurate to the best of my knowledge and authorize the Town of Collingwood representatives to share this information with the organization or company that will receive payment for this child/children. I understand that all family members must reside in the same household and that I may be required to show proof of residency. I also understand that all information captured above is a requirement of the Town of Collingwood and is submitted as part of the requirement for funding. All personal information is secured and protected as per Town of Collingwood Privacy Policy and will not be used for any other purpose than reference to the funding application, program registration, and internal reporting.

Signature of Primary Contact: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### 4. Reference Approval:

Application must have the endorsement of a community professional familiar with your situation and who can verify that you require financial assistance. The full list is available in the program overview. The reference cannot be a family member.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Reference Signature

I hereby declare that the applicant listed on this application is in financial need and warrants the assistance of the Town of Collingwood in order to participate in the identified recreational activity. I understand the Town of Collingwood may contact me to certify my endorsement

Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 4. Grant Request Amount:

Expenses the grant will be used for. Please consult with a Town representative or Community Partner for allowable grant.

Total amount of activity: \$ \_\_\_\_\_

Amount provided by family: \$ \_\_\_\_\_

**Total amount requested from the Town: \$ \_\_\_\_\_**

### Office Use Only:

Date Received: \_\_\_\_\_ Amount: \_\_\_\_\_

Approved:  Declined:

Payment Processed: Yes  No  Staff Signature: \_\_\_\_\_