

PRO Kids APPLICATION FORM



PLICANT INFORMATION (Please print clearly) st Name of Child Last N		Last Name of Child	st Name of Child	
Birth Date		Age		
First Name of Parent or Guardian		Last Name of Parent or Guardian		
Civic and Mailing Address		<u>I</u>		
Phone (home, work and/or cell)		Email Address		
SEASON APPLYING FOR:	WINTER SPRING	G SUMMER FAL	L	
ACTIVITY INFORMATION				
Name of Activity		Registration Cost		Amount Requested from PRO Kids
Organization Offering Activity		\$		\$
Organization Contact Name		Contact Information (Email and Phone Number)		
Organization Contact Name				
Activity Dates (Start and End) REFERENCE- Please provide who can verify that you require fi	nancial assistance fro	om PRO Kids. This perso	our perso	d be an adult (not a relativ
Activity Dates (Start and End) REFERENCE- Please provide who can verify that you require fire firend) who knows the family.	nancial assistance fro	nce that is familiar with yo om PRO Kids. This perso	our perso	onal and financial situation d be an adult (not a relativ
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Please allow up to 3 week for processing.

Town of Lunenburg Recreation

119 Cumberland Street, PO Box 129, Lunenburg, NS B0J 2C0

CONTACT: kcunningham@townoflunenburg.ca Phone: 902-634-4006 Fax: 902-634-4416

Applications are accepted four times per year (Winter, Spring, Summer & Fall). Maximum \$300/season/child.