



## ***"Play it Forward"***

The "Play it Forward" program has been established to support families in Middlesex County to enable the participation of children in community recreation programs, namely basketball, hockey and soccer. The emphasis will be placed on supporting programs offered in the Municipality of Strathroy-Caradoc by paying up to 35% of the registration cost for children of families in financial need. The subsidy is paid directly to the Recreation Program. The Municipality of Strathroy-Caradoc reserves the right to fund any amount of the Subsidy request or to deny said request.

PARENT/GUARDIAN NAME:	
ADDRESS:	
POSTAL CODE:	PHONE:
PROGRAM TYPE: <i>Please circle.</i>	
Basketball	Hockey
Soccer	
PROGRAM/ORGANIZATION NAME:	
PROGRAM/ORGANIZATION ADDRESS:	
CHEQUE PAYABLE TO (Name of Sport Organization):	
CHILD'S NAME:	BIRTH DATE:
SUBSIDY AMOUNT REQUESTED:	
<p>Statement of Eligibility:          This subsidy program is intended to assist children from Municipality of Strathroy-Caradoc families whose financial situation limit a child's ability to participate in community recreation programs, namely basketball, hockey and soccer. By signing this form you are stating that this family meets this criteria and, if requested, would provide further documentation.</p>	
SIGNATURE OF PARENT(S) OR GUARDIAN(S):	DATE:

<b>For Office Use Only:</b>	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount: _____	Date: _____
Other applications for this family:	
Date: _____	Amount: _____

**STATEMENT OF INCOME**

All information will be used solely for the purposes of determining the financial need of persons applying for the “Play it Forward” subsidy.

**FAMILY INFORMATION**

Last Name:	Father:	Mother:
Address:	Postal Code:	
Phone Number: home & Father/Mother work #'s		No of Children:

**EMPLOYMENT (include all full and part-time employment)**

Father's Employment:	Position:	Monthly Net Income:
Mother's Employment:	Position:	Monthly Net Income:

**OTHER MONTHLY INCOME (include rent, alimony, child support, Disability benefits, E.I., Ontario Works or Ontario Disability Support Program and all other income sources other than employment)**

Father's Other Income:	Source:	Monthly Net Income:
Mother's Other Income:	Source:	Monthly Net Income:

**We/I certify that the above information is correct.**

Father's Signature:	Date:
Mother's Signature:	Date:
Facilities & Recreation Manager Signature:	Date: