

**THE CHRIS MILLER MEMORIAL FUND
APPLICATION FOR FINANCIAL ASSISTANCE**

APPLICANT

Name of Child/Youth: _____ Male _____ Female _____

Birth Date: Day _____ Month _____ Year _____ Age: _____

Name of Parent/Guardian: _____

Complete Mailing Address: _____

Town/Village: _____ Postal Code: _____

Telephone (Day): _____ Telephone (Evening): _____

PROGRAM INFORMATION:

This application is for participation in _____

Will you (the applicant) be registered in any other paid sport/recreation program during this time?

No: _____ Yes: _____ Describe: _____

Are you at all able to contribute financially to the program costs? No: _____ Yes: _____

If yes, please indicate how much you can afford to contribute: \$ _____

Do you have the required safety equipment to play this sport/recreational activity? No: _____ Yes: _____

If no, what equipment do you need? _____

Would you like to volunteer to assist us in fundraising for The Chris Miller Memorial Fund? No: _____
Yes: _____

THIS FORM HAS BEEN COMPLETED BY:

Name: _____ Telephone: _____

REFERENCE

Please provide a reference who is familiar with your situation and who can verify that you require assistance from The Chris Miller Memorial Fund. This person should be an adult who knows the child, is not the parent and who is active in community activities. (Examples - teacher, coach, family friend, clergy, social worker, group leader or co-worker)

Name of Reference: _____

Tel. (Day): _____ (Evening) _____

Note: References **cannot** be a family member or related to the family. They **cannot** be the program/activity/sport administration of the activity. The references are to be adults who know the child and are active in community activities. Please advise the reference that you are going to use them and they will be contacted by The Chris Miller Memorial Fund and will be asked to verify that child/youth is financially limited and unable to pay the program registration fees and is in need of assistance from The Chris Miller Memorial Fund.

I, authorize the above reference to release personal information, as required for program placement, to The Chris Miller Memorial Fund. I further authorize The Chris Miller Memorial Fund to collect this information. My signature also verifies that financial assistance is required from The Chris Miller Memorial Fund in order for my child to participate. In addition, I assume full responsibility for the supervision of my child while participating in activities. I also understand that The Chris Miller Memorial Fund is not liable for any injuries, loss or death as a result of participation in registered recreational activities.

Signature: _____ Date: _____

Personal information on this form is collected to maintain a record of individuals participating in the program, activities or facilities. Questions can be directed to Debbie Miller, Executive Director, The Chris Miller Memorial Fund, 19 Deep Point Bogan Lane, Riley Brook, N. B. E7G 1L4

Please mail this completed form to: The Chris Miller Memorial Fund, 10 Deep Point Bogan Lane, Riley Brook, N. B. E7G 1L4 or drop it off at the Plaster Rock Village Office, Monday – Friday.

