



TEMAGAMI FIRST NATION

BEAR ISLAND,
LAKE TEMAGAMI, ONTARIO P0H 1C0
TEL 1.888.737.9884 | 705-237-8943
FAX 705.237.8959

ATHLETIC FUND APPLICATION

Personal Information:

Name:			Band Number
Mailing Address:	City/Town	Prov.	Date of Birth:
Email:			Telephone:

Coach Contact Information:

Name:			Telephone:
Mailing Address:	City/Town	Prov.	Postal Code
Email:			

Sport Information and Budget

Sport: _____ Team Name: _____

Season Start Date: _____ Completion Date: _____

Number of Years of Playing: _____

Registration fee: _____ Travel: _____ Equipment: _____

NOTE: Please refer to Activity Travel Claim for travel requests

**I certify that all the information provided in this application is true and correct.
If under the age of 18 a parent/guardian's signature is also required.**

By signing below, I agree that if I do not complete the above listed activity, I will return the funds paid on my behalf to Temagami First Nation Enrichment Funds.

Signature of Applicant

Signature of Parent/Guardian

Print Name

Date

Application Checklist:

- Report Cards
- Coach's Form
- Practices and Game schedule