

Keep in Mind!

- Funding is available for:
 1. Registration Fees
 2. Equipment Costs
 3. Some Transportation
- DO NOT PAY FOR THE ACTIVITY! We will not reimburse families!
- There is a maximum limit per child, per year allowed; *based on need and funds available*
- Filling out an application form DOES NOT mean you've been approved
- We will need to contact you for an interview
- We will need to contact a personal reference to verify personal and financial information
- Applications are considered on a first come, first served basis
- Please allow 2-3 weeks to process the application
- For information on activities held in Kenora, please see our website at www.tripleplaykenora.com

How to Apply?

- Register for an organized activity that is currently being offered in Kenora
- DO NOT PAY - let them know you're applying for Triple P.L.A.Y. assistance
- Complete each section of the application form & submit it by either:
 1. **Drop off** the application at the Kenora Recreation Centre, *OR*
 2. **Fax** it to 467-2132, *OR*
 3. **Mail** it to PO Box 2913 Kenora, ON P9N 4C8
 - Wait to hear that you have been approved

Triple P.L.A.Y.

Positive Leisure Activities for Youth

PO Box 2913 Kenora ON P9N 4C8 Phone 466-2785 Fax 467-2132

Email: jp.tripleplay@gmail.com Website: www.tripleplaykenora.com

Our Kids... Our City... Our Responsibility!

Application Form!



What is Triple P.L.A.Y.?

- Triple P.L.A.Y. is a local program fund that gives Kenora & area kids the opportunity to participate in recreation & leisure activities, as well as arts & cultural activities offered in the community

Who can apply for Triple P.L.A.Y. assistance?

- Parents/Guardians can apply on behalf of their Children/Youth up to 19 years of age (Youth can apply on their own)

What are the qualifications?

- Triple P.L.A.Y. is for people who have obstacles, be it financial or situational, that prevent them from being able to pay for activities on their own at this time

Part 1: Personal Information

Name of Child/Youth:		Male <input type="checkbox"/> Female <input type="checkbox"/>
Age (as of today)	Birth Date: DD/MM/YY	FN Band:
Address:		Postal Code:
Name of Parent/Guardian:		Employer:
Day Phone:	Evening Phone:	
Name of Parent/Guardian:		Employer:
Day Phone:	Evening Phone:	
Has this child ever used Triple P.L.A.Y. before? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Will the child be in any other activity during this time? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Part 2: Reference

Please provide the name of a reference that can confirm personal and financial information.
 (Example: Social Worker, Spiritual Leader, Group Leader, Coach, Teacher)

Name:	Agency:
What connection does the reference have with this child/family?	
Day Phone:	Evening Phone:

Part 3: Program Activity Information

Choice #1 – Activity:		
Contact Person:		Phone Number:
Registration Fees:	Equipment Fees:	Other Fees:

Choice #2 – Activity:		
Contact Person:		Phone Number:
Registration Fees:	Equipment Fees:	Other Fees:

Part 4: Agreements

<p>This Form has been completed by:</p> <p>Name: _____ Phone: _____</p> <p>Address: _____</p> <p>Relationship to Child: _____</p> <p>I authorize my reference to give out personal information to Triple P.L.A.Y. as needed for Triple P.L.A.Y. funding. I further authorize Triple P.L.A.Y. to collect this information for application processing.</p> <p>I agree to ensure my child attends the activity regularly. I am aware that Triple P.L.A.Y. will check my child's attendance throughout the year.</p> <p>Parent/Caregiver Signature: _____</p> <p>_____ Date: _____</p>
