



Little Shuswap Lake Indian Band Recreation Reimbursement Application

APPLICANT

Date: _____

Name: _____

Address: _____

Birth Date: _____

Parent/Guardian: _____

Phone: _____ Cell: _____

SPORTING ORGANIZATION

Name: _____

Phone: _____ Fax: _____

Mailing address: _____

Amount Requested: \$ _____

Attach all receipts

Incomplete applications will not accepted

FOR OFFICE USE ONLY

Received by: _____

Amount Approved: \$ _____

Declined: \$ _____

Balance: \$ _____

Approved Not Approved