



TOWNSHIP OF GEORGIAN BLUFFS
2018 NON-RESIDENT FEE SUBSIDY REQUEST
Confidential Information

Date of Application: _____

Please complete the form, attach the required verification information and forward by mail to:

Township of Georgian Bluffs
 177964 Grey Rd 18, R.R. #3 Owen Sound, ON N4K 5N5
 or email to ldowney@georgianbluffs.on.ca (Clearly marked "Confidential")

(Please Print Clearly)

APPLICANT'S NAME: _____
 (Parent, Legal Guardian, or Custodial Parent applying for subsidy)

Mailing Address: _____
 (include 911#) (Rd/Conc) City Postal Code
 Own Rent (check one)

Home Telephone: (____) _____ **Work Telephone:** (____) _____

Property Address: _____ **Email:** _____
 (if different from Mailing Address)

Name of Youth participating in the sports program(s):

Participant(s) Name	MM	DD	YYYY
_____	Date of Birth: _____/_____/_____		
_____	Date of Birth: _____/_____/_____		
_____	Date of Birth: _____/_____/_____		

Sports Program(s): _____/_____/_____
 (excluding swimming lessons and day camps)

Total Non-Resident Surcharge Paid: \$ _____

REMINDER: **YES, I have attached and included the required Verification Documentation.**

Formal Receipt(s) for payment of non-resident surcharge issued by the City of Owen Sound.

Copy of Registration(s) for minor sport(s) issued by minor sports group(s) or organization(s).
 I agree that the above information and all the attached verification information supplied with this application is true and correct.

Applicant's Signature: _____ **Date:** _____

Personal information on this form is collected pursuant to the Municipal Act, S.O. 2001, CHAPTER 25 as amended, and will be used to determine eligibility for financial subsidy assistance for registered participants in sports programs offered in the City of Owen Sound by a not-for-profit groups or organizations.

NOTE: Subsidy is for minor sports only. This does not include swimming lessons or day camps.
****Rebate must be processed by December 31st, 2018.****

For Office Use	
Verification Documents: _____	Amount Claimed: \$ _____ X 75% Subsidy = \$ _____
G/L: 01-1240-1305	Verified By: _____ Approved By: _____ Date: _____
Roll # _____	MSSR# _____