



## GRANT APPLICATION FORM FOR REGISTRATION

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### GENERAL INFORMATION ABOUT YOUTH

First and last name: \_\_\_\_\_

Date of birth (dd/mm/yy): \_\_\_\_\_

Full address: \_\_\_\_\_  
\_\_\_\_\_

Name of parents, guardians: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

### INFORMATION ON ACTIVITY PROGRAM # 1

Name of the association: \_\_\_\_\_

Start and end dates of the activity: \_\_\_\_\_

Amount paid: \_\_\_\_\_ (submit receipt/proof of payment)

Contact person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

**INFORMATION ON ACTIVITY PROGRAM # 2**

Name of the association: \_\_\_\_\_

Start and end dates of the activity: \_\_\_\_\_

Amount paid: \_\_\_\_\_ (submit receipt/proof of payment)

Contact person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

**I, the undersigned, declare that my child is enrolled in the above activity program(s).**

Signature (father, mother or guardian): \_\_\_\_\_

Date: \_\_\_\_\_

**Submit the completed form and proof of payment to:**

**Office of the Town Hall  
1709 Route 133, PO Box 2 002  
Grand Barachois, NB E4P 8V1  
Phone: (506) 532-0730 • Fax: (506) 532-0735  
Email: [info@beaubassinest.ca](mailto:info@beaubassinest.ca)**

**INFORMATION: [www.beaubassinest.ca](http://www.beaubassinest.ca)**

 **[www.facebook.com/beaubassinest](https://www.facebook.com/beaubassinest)**

**For staff use:**

Request received by: \_\_\_\_\_ Date: \_\_\_\_\_

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Eligible application: Yes \_\_\_ No \_\_\_ Grant in the amount of: \_\_\_\_\_

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