



APPLICATION FORM

CALEDON KIDS FIRST

Bolton Rotary Program promoting fitness for youth

Date of Application:

YOUTH:

First and Last Name: Age:

Mailing Address:

Town:

Postal Code:

PARENT or GUARDIAN:

First and Last Name:

Phone Number:

Cell Number:

Email Address:

Address (if different from Above):

Town:

Postal Code:

PROGRAM DETAILS:

Program Name: Location:

Start Date (M/D/Y):

Finish Date (M/D/Y):

COST OF PROGRAM:

Registration Cost:

Equipment Cost:

Description of
Equipment required:

Other Cost:

Description of Other
Cost required:

Family Financial need situation:

Please provide brief description as to reason for applying for assistance for this child

Will you as a parent/guardian agree to a confidential verification of the family financial circumstances?

YES NO

Parent/Guardian
Signature:

Send form or questions to contacts below:

Brian James - 647 227 9406 (text messages accepted)

boltonrotary@gmail.com