Student Name:		
Name of Parent/Guardian applying on be	half of a child (if applicable):	
Mailing Address:		
Phone:		
E-mail:		
Type of activity applying for:		
Organization Name:		
Contact person/phone # at organization:		
Fee "quote" for activity:		
Check one that applies:		
Toquaht Nation will pay the fe quote from the organization is	ee directly to the organization. The fee sattached.	
I (or my parent/guardian) have already paid the fee and would like to be reimbursed (up to \$500 per child per fiscal year). I am attaching a receipt that shows the organization's name and the amount paid.		
Send this application form and a fee quote <u>or</u> receipt (whichever is applicable) to the Toquaht Nation office by mail, fax or e-mail:		
Toquaht Nation PO Box 759 Ucluelet, BC VOR 3A0	Fax: 250-726-4403 Email: naomim@toquaht.ca	
Applications can be sent anytime throughout the year (April 1-March 31). A Toquaht student can apply to the Youth Recreation Fund multiple times and can receive up to \$500 per year.		
	 Date	

FOR OFFICE USE ONLY	
Date	Department:
	Account:
Name:	
Title:	Toquaht Citizen(check if yes):
Signature:	