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| **ʔaq̓amnik̓ Recreation Fund Application**   |  |  |  | | --- | --- | --- | | **Participant Last Name:** | |  | | **Participant First Name:** | |  | | **Participant ʔaq̓am Band no.** | |  | | **Parent Name (if the participant is a minor):** | |  | | **Parents ʔaq̓am Band Number no.** | |  | | **Address:**  **Apt/Unit and Street Name:**  **City and Postal Code:** | |  | | **Contact Information: Phone Number:   Email:** | |  | | **What program you or your child will be doing?** | |  | | **Program Dates:** | | **From: To:** | | **Program Fees ($)** | **Equipment Fees ($)** | **Other Fees ($) (please describe and amount)** |   ***Fully Paid Receipts are required for reimbursement or invoice for direct payment from vendor.  Office Use Only***   |  |  | | --- | --- | | Receipts Received: | Cheque Requisition Processed: | |  |