



SAUGEEN RECREATION SPORT ASSISTANCE FUND

Attachment A

SAUGEEN FIRST NATION #29 | 2025-2026 APPLICATION FORM

Please ensure application is complete with supporting documentation or it will be returned for completion. Applications must be submitted on this Saugeen Recreation Assistance Form four weeks prior to the anticipated start date of this project.

Applicant Name
(Name of child)

Saugeen Band #

Applicant age

Parents name

Mailing address

.....

Home phoneEmail

PLEASE CHECK THE TYPE OF RECREATION ASSISTANCE YOU ARE APPLYING FOR:

- | | |
|--|--|
| <input type="checkbox"/> MINOR HOCKEY REGISTRATON (4.1) | <input type="checkbox"/> MINOR BASEBALL EQUIPMENT/UMPIRE FEES (4.9) |
| <input type="checkbox"/> MINOR BASEBALL TEAM (4.2) | <input type="checkbox"/> MINOR HOCKEY EQUIPMENT/FIGURE SKATING/LEARN TO SKATE SUPPORT (4.10) |
| <input type="checkbox"/> TOURNAMENT (4.3) | <input type="checkbox"/> MINOR HOCKEY COACHING CERTIFICATION (4.11) |
| <input type="checkbox"/> HOCKEY REP FEES (4.4) | |
| <input type="checkbox"/> EXCELLENCE IN RECREATION (4.5) | |
| <input type="checkbox"/> TEAM/RECREATION SUPPORT (4.6) | |
| <input type="checkbox"/> DISABILITY REC ASSISTANCE (4.7) | |
| <input type="checkbox"/> FAMILY SPORT ASSISTANCE (4.8) | |

(PLEASE REFER TO THE POLICY FOR CLARIFICATION ON CATERGORIES)

PROJECT INFORMATION:

Type of organized sport

Start Date End Date:

Location

BRIEF PROJECT DESCRIPTION (Describe specifically what you are applying for)

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BUDGET

Project Costs	Amount
.....	\$.....
.....	\$.....
.....	\$.....
Total Costs ⇒	\$.....

REPORTING REQUIREMENTS:

- If the child fails to complete the project (sport) without good reason all funds must be returned to the Saugeen Finance Department
- All ORIGINAL receipts must be handed in/mailed within ten days to the Saugeen Recreation Department or Saugeen Finance Department
- Failure to meet these reporting requirements will result in future applications not being accepted by the Saugeen Recreation Assistance Fund for a period of one year.

SUPPORTING DOCUMENTS

Photocopy of Status card (front and back)

Proof of costs for example registration form, brochure, email from service provider, receipt.

DECLARATION

- I/We agree to provide the necessary documents as required
- I/We agree to that if our application is approved that I/We will meet the Reporting Requirements as stated above and that we understand failure to meet them will affect applications for a period of one year.
- I/We agree that the information contained in this application and supporting documents are true
- I/We agree that any photos taken or submitted in regards to this application can be used for the purposes of the Saugeen Recreation Assistance Family Support Fund.

SIGNATURES

This application must be signed by the primary caregiver of the child as well as the child receiving the funding.

Name
(Please print - Parent) (Signature)

.....
(Title/Relationship to Applicant) (Date)

Name
(Please print - Child) (Signature)

.....
(Title/Relationship to Applicant) (Date)

This application form must be submitted in a sealed envelope by person, emailed or mailed to the Saugeen Band Office at the following address.

Mailing Address: Saugeen Recreation Department, 6 Cameron Drive, R.R # 1, Southampton, ON N0H 2L0

For inquiries only please contact:

Sheena Kewageshig, Recreation Manager

Phone: 519-797-3254 ext. 2300

Cell: 519-372-4840

Email: sheena.kewageshig@saugeen.org