APPLICATION FORM

Please bring this completed form to any New Westminster Recreation facility.

Grade 5 ☐ Grade 6 ☐ (Please check one box)

Student's Name:_____

Student's Date of Birth: _____

Address: _____

Postal Code: _____

Phone Number:_____

Parent's/Guardian's Name:_____

Parent's/Guardian's Signature: _____

School: _____

School Signature to Verify
the Student is in Grade 5 or 6: _____

In lui of signature please present a birth certificate and proof of residency.