



Kitselas Health Department

2225 Gitau Road
Terrace, BC V8G0A9
P: 250-635-5084

Personal Fitness Gear/ Recreation activity Reimbursement Application

Recreation equipment/gear/registration Reimbursement with a limit of \$500.00 per Kitselas registered youth ages 5-18yrs, per fiscal year.
*Includes: shoes, fitness gear, equipment, cost of registration for recreational activity.
Does not include: electronic devices, fit-bit subscriptions, etc.*

Parent/Guardian Application information

Full Legal Name: _____ Date of Birth(yy/m/d): _____

Status #: _____

Residential Address: _____

Mailing Address (if different from residence): _____

City: _____ Postal Code: _____

Phone#: _____ Mobile #: _____

Email Address: _____

Recreational Program Information

Gear/Equipment/Registration Information: _____

Cost: _____ * Original receipt must be attached to receive reimbursement

Child(ren)'s full legal name(s) - 18 years and under (if more space is needed, use back of page)

Name:	Status #:	Birthdate (yy/m/d):
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Signature: _____

By signing this document, I confirm I have completed this form truthfully and accurately to the best of my ability

Current Contact Information <input type="radio"/>	Current Proof of Address <input type="radio"/>	Kitselas Status Number <input type="radio"/>
Approved By:	Date:	Percentage Paid