



YOUTH ACTIVITY POLICY – APPLICATION FOR REIMBURSEMENT

This form must be printed and signed.

PERSONAL INFORMATION

Name of Child / Youth: _____ Age: _____
(First Name) (Last Name)

Date of Birth: Year _____ Month _____ Day: _____

Name of Parent / Guardian: _____
(First Name) (Last Name)

Address: _____

Town: _____ Postal Code: _____

Telephone: _____ Cell: _____

Email: _____

ACTIVITY INFORMATION

Name of activity or sport: _____

Organization offering this activity: _____

PROGRAM DATES: From: _____ To: _____

Will you (the applicant) be registered in another recreation program during this time?

No Yes - Describe: _____

This form has been completed by:

Signature: _____ Date: _____

Tel: _____

Please mail, drop off or fax this completed form, along with the required official receipt **BY NO LATER THAN NOVEMBER 30th of the subsidy period**, to:

Hudson Parks and Recreation Department
394 Main Road, Hudson QC
Tel: 450-458-6699, Fax: 450-458-7764
Email: recreation@ville.hudson.qc.ca