



**Langford  
SPORTASSIST  
Program**

## Langford SPORTASSIST Funding Application

Please fill out all the fields below to apply for SPORTASSIST funding. Proof of Langford residency must be attached with every application. Completed applications can be mailed or dropped off at:

City Centre Park  
1089 Langford Parkway  
Victoria, BC, V9B 0B9

<b>Activity information</b>	
Club/League/School:	
Contact:	Position:
Address:	
Email:	Telephone:
Sport/Activity for which grant will be used:	
Is this the first time this child will be enrolling in this sport? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no – how many years has child been involved in this sport:	
Activity Start Date:	Activity End Date:
Full Registration Cost:	Grant Requested:
Please make SPORTASSIST cheque payable to:	
Has funding been applied for through any other organization? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please provide organization name and contact information:	

<b>Childs information</b>	
Child's full name:	
Parent or guardian's full name:	
Address:	
Telephone:	Email:
Birthdate:	Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>
I agree that the information above is accurate to the best of my ability	
Signature of Parent or Guardian:	Date:

<b>Reference information</b> (please see guidelines to review who can be your reference)	
Full name:	
Address:	
Telephone:	Email:
Relationship to family:	Organization:
I have read and understand the Langford SPORTASSIST Program guidelines and agree that this application meets them. I believe that the family named above is in need of financial aid to enable the child named above to participate in sports. A SPORTASSIST representative may contact me by phone or email if more information is required.	
Signature of reference:	Date:

<b>For Office Use Only</b>	
Application Number:	Date Application Received:
Approved? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Application Approved:
Approved funding amount:	Date Funding Distributed:
Approved by:	
Has Child received SPORTASSIST grant in the past:	If yes list year(s)

Information provided in this application is being collected solely for the purpose of administering The Langford SPORTASSIST Program. The Langford SPORTASSIST Program respects your privacy and would never release your information to any other organization. We disclose your information only to our own employees and agents. If at any time you no longer wish to be contacted by the Program, please contact us and we will remove your contact information from our lists.