

MAMALILIKULLA FIRST NATION

YOUTH CHOSEN SPORT OR ACTIVITY FUNDING APPLICATION FORM

Parent(s) Name:	Band Member: Yes____ No____
Phone Number:	Cell Number:
Email Address:	Current Address:
Name of Child:	Date of Birth: Band Member: Yes____ No____
Please tell the MFN about the activity you are seeking sponsorship for:	
Name of Activity:	
Date(s):	
Location:	
Previous involvement in this activity:	
Total cost of activity: \$ _____ Total Requested Amount: \$ _____	
Have you previously been sponsored by the MFN? Yes____ No _____	
When:	For what activity:
Signature of Parent:	
Date:	
DEPT. 8300-883	