



**Payment**

**For reimbursement**, please make cheque payable to:

Please select method of cheque delivery:

<input type="checkbox"/> Pick up at Community Services	<input type="checkbox"/> Pick up at WFN Government Building	<input type="checkbox"/> Mail (print address below)
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**For advance payment** under section 3.b)iii. of Policy 2015-25 Tier Athlete Funding, please make payment to:

**Contribution Back to the Community**

I plan to do the following to express my appreciation to the community for the opportunity to receive this funding:

A thank you in the WFN newsletter

A brief presentation at a Membership meeting

Community service (*Please specify*)

Other (*Please specify*)

**Contact Information and Signature of Applicant**

Name (Please print):	Phone #:
Signature:	Date:

**Submission of Application**

Submit application to the Membership Services Manager along with receipts for all purchases or registration information for advance payment requests.

**Application Submission Deadlines**

- The submission deadline for advance payment requests is March 31 of each year.
- The submission deadline for reimbursement requests for purchases made in the previous fiscal year is April 30 of each year.

For more information, contact the Membership Services Manager at 250-768-0227.

**For Office Use Only**

Method of giving back to the community:	Date:
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