

Thrive! Application Form

Return fully completed form in-person or by mail to:
**Canada Games Centre,
26 Thomas Raddall Drive,
Halifax, NS B3S 0E2**

Please submit a separate
application for each participant.

PARTICIPANT INFORMATION				
Participant Name				Gender
Mailing Address				
City		Prov.		Postal Code
Home Phone		Age		
Email		Date of Birth (D/M/Y)		
PARENT / GUARDIAN INFORMATION (if participant is under 18yrs)				
Parent/Guardian Name				
Mailing Address				
City		Prov.		Postal Code
Home Phone		Other Phone		
Email		Relationship		
Household (HH) Details	Number of Children in HH: _____ Size of Household: _____ 1 Parent _____ 2 Parent			
Signature of Parent / Guardian		Date		
PROGRAM INFORMATION				
1 st choice	Program Name		Day / Time	
2 nd choice	Program Name		Day / Time	
3 rd choice	Program Name		Day / Time	
4 th choice	Program Name		Day / Time	
First time participating in this activity?	_____ Yes _____ No			

OFFICE USE ONLY	
Date Received	
HH#	
Registered-in	

REFERENCE INFORMATION	
Each application must have the endorsement (letter required) of a community professional who is familiar with your situation and who can verify that you require assistance. The letter provides a reference and must be specific to the financial barriers of the family. References must be a non-family member. They can be a teacher, employer, police officer, principal, counsellor, social worker, coach or clergy member, etc.	
Name	
Position	
Day-time Phone	
Email	
Relationship to applicant	
I support the request on behalf of the participant named whose need is consistent with the Canada Games Centre program guidelines.	
Signature	
Date	
CONFIDENTIALITY	
All information received is kept confidential.	