

Strong Communities Opportunity Fund

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Full Name: _____

Date of Birth: _____

Address: _____

City: _____ Postal Code: _____

Telephone: (H) _____ (C): _____

Email: _____

Family Members: _____

Birth Dates : _____

Full Name: _____

Date of Birth: _____

Address: _____

City: _____ Postal Code: _____

Telephone: (H) _____ (C): _____

Email: _____

Family Members: _____

Birth Dates: _____

Program: _____ Program Fee: _____

What amount are you able to contribute to the program fee? \$ _____

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Proof of Income/Expenses: Last year's T4 or 3 most recent pay stubs
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Signature: _____ Date: _____

To be completed by YMCA Staff

Signature: _____ Date: _____

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Full Fee: \$ _____ Fee Arrangement: \$ _____

Method of payment: Paid Full EFT

Staff: _____ Number of Months: _____

Manager/VP/CEO Intials: _____ Supervisor Initials: _____

Comments: _____

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