



MUNICIPALITY OF

**PORT HOPE**

Town Park Recreation Centre • 62 McCaul Street, Port Hope, ON L1A 1L2 • Phone 905-885-7908  
Jack Burger Sports Complex • 60 Highland Drive, Port Hope, L1A 4B3 • Phone 905-885-2474

# Recreation Fee Assistance Application Form

**Confidential Information.** Applicant must be a Municipality of Port Hope Resident. Please ensure you have read through our [Recreation Fee Assistance webpage](#) to determine your eligibility. This application is facilitated through the Department of Parks, Recreation and Culture.

**First and Last Name of Adult/Parent/Guardian: \***

**Primary Phone Number: \***

**Secondary Phone Number (Cell/Work):**

**Address/City: \***

**Postal Code: \***

**Email Address: \***

## Family Composition - Adults and Children

Everyone living in your household must be included in the list below. If you are applying for fee assistance for yourself, please be sure to include your own name as well.

**Name (Family Member 1): \***

**Date of Birth: \***

**Occupation or School \***

Name (Family Member 2):	Date of Birth:	Occupation or School
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name (Family Member 3):	Date of Birth	Occupation or School
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name (Family Member 4):	Date of Birth:	Occupation or School
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name (Family Member 5):	Date of Birth:	Occupation or School
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Household Income and Assets: \*

By signing the below, I agree that the above information supplied with this application is true and correct.

Date of Signature:
<input type="text"/>

\_\_\_\_\_  
Signature of applicant(s)

Please ensure that all [supporting documentation](#) is attached to this application. **Only once your supporting documents have been submitted will your application be reviewed.**

Under the authority of the Municipal Act, 2001 and in accordance with the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) and the Child Care and Early Years Act, 2014, personal information collected in the ‘Recreation Fee Assistance Program’ will be used solely to facilitate appropriate accommodations. The information will only be kept for as long as necessary to fulfill the purposes for which it is collected. Questions regarding the collection, use and disclosure of personal information can be directed to the Municipal Clerk at 905-885-4544 or [clerk@porthope.ca](mailto:clerk@porthope.ca)