



“Play it Forward” supports families in Middlesex County to enable children to participate in community basketball, hockey and soccer recreation programs. The program provides up to 35% of the recreational program registration cost for children of families in financial need in Municipality of Middlesex Centre. The subsidy is paid directly to the recreation program. The Municipality of Middlesex Centre reserves the right to fund any amount of the subsidy request or to deny said request.

Submit completed form via email, mail or in-person to:

Scott Mairs, Director, Community Services

Municipality of Middlesex Centre, 10227 Ilderton Road, Ilderton, ON, N0M 2A0

Email: mairs@middlesexcentre.ca

Parent(s)/Guardian(s) First and Last Name(s):
Address (including postal code):
Phone:
Program Type (Please check): <div style="display: flex; justify-content: space-around; width: 100%;"> Basketball Hockey Soccer </div>
Program/Organization Name:
Program/Organization Address:
Cheque made Payable to (Name of Sport Organization):
Child's Name and Birth Date:
SUBSIDY AMOUNT REQUESTED:
Statement of Eligibility: This subsidy program is intended to assist children from Municipality of Middlesex Centre families whose financial situation limit a child's ability to participate in community recreation programs, namely basketball, hockey and soccer. Please note that the Low Income Threshold Table will be used to determine financial need. By signing this form you are stating that this family meets this criteria and, if requested, would provide further documentation.
Signature of Parent(s) or Guardian(s):
Date:

STATEMENT OF INCOME

All information will be used solely for the purposes of determining the financial need of persons applying for the "Play it Forward" subsidy.

FAMILY INFORMATION

Full Names (First and Last) of all Parent(s) or Guardian(s):
Address (including postal code):
Phone Numbers (Home & Work):
Number of Children:

EMPLOYMENT (include all full and part-time employment for all parent(s) or guardian(s); attach additional pages if necessary)

Employer:	Position:	Monthly Net Income:

OTHER MONTHLY INCOME (include rent, alimony, child support, Disability benefits, E.I., Ontario Works or Ontario Disability Support Program and all other income sources other than employment; attach additional pages if necessary)

Parents' Other Income:	Source:	Monthly Net Income:

I/We certify that the above information is correct.

Signature of Parent or Guardian:	Date:
Signature of Parent or Guardian:	Date:
Facilities & Recreation Manager Signature:	Date:

For Office Use Only:

Approved: Yes No

Date: _____ Amount: _____

Other applications for this family:

Date: _____ Amount: _____