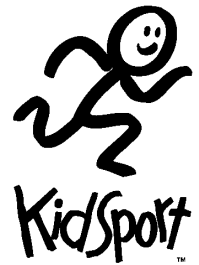




The KidSport™ Fund



Application For Individuals For Equipment Assistance



So ALL Kids
Can Play!



Administered by

Corporate Sponsor



Individual Equipment Application to The KidSport™ Fund

The KidSport™ Fund is a national charity created to assist children from financially disadvantaged families to enter into sport programs where they can develop life skills such as fair play, leadership and teamwork.

The amount and type of equipment collected is limited. Please consider your equipment needs carefully before submitting this application. Be aware that the fulfillment of your application will depend on equipment availability. Eligibility does not automatically ensure any assistance.

Please read the following guidelines carefully before completing this form.

Eligibility Guidelines

- A) Equipment grants to individual athletes are designed to help those who would not play a sport without KidSport™'s help and will be provided if equipment is available, on a first come first serve basis.
- B) KidSport™ assists children aged 5 to 18, with preference given to kids trying a sport for the first time
- C) Sport Programs must be affiliated with organizations recognized by Sport Manitoba.
- D) Equipment may be used only in structured sport activities led by a qualified coach.
- E) KidSport™ will contact the recipient to collect his/her equipment. The recipient is responsible for all transportation or shipping costs from the warehouse to its destination.
- F) Equipment is previously used and will be distributed as is.
- G) A Copy of Canada Customs and Revenue Agency Notice of Assessment must be provided as requested in Step 1 of this application. **Applications will not be processed without these forms.** If you don't have your most recent Notice of Assessment, contact Revenue Canada at: 1-800-959-8281 to obtain a copy.
- H) If you are a Foster Parent, or on Social Assistance, please provide proof of Foster Parent Status, or Social Assistance.

DEADLINE: N/A

KidSport™ Fund will process equipment applications on an ongoing basis - (Subject to availability of equipment).

WHERE DO I MAIL OR FAX THE FORM?

Sport Manitoba - Central Region

225 Wardrop Street, Morden MB, R6M 1N4, 204-822-6735 (Fax) – 204-822-4792

Sport Manitoba - Eastman Region

Box 50, 20 – 1st Street, Beausejour MB, R0E 0C0, 204-268-2172 (Fax) – 204-268-6070

Sport Manitoba - Interlake Region

Box 1519, 62-2nd Avenue, Gimli MB, R0C 1B0, 204-642-6015 (Fax) – 204-642-6080

Sport Manitoba - Norman Region

Box 21 – 59 Elizabeth Street, Thompson MB, R8N 1X4, 204-778-3109 (Fax) – 204-677-6862

Sport Manitoba - Parkland Region

27-2nd Avenue S.W., Dauphin MB, R7N 3E5, 204-622-2094 (Fax) – 204-638-6558

Sport Manitoba - Westman Region

Room 146, 340-9th Street, Brandon MB, R7A 6C2, 204-726-6072 (Fax) – 204-726-6583

Sport Manitoba - Winnipeg Region

200 Main Street, Winnipeg MB R3C 4M2, 204-925-5907 (Fax) – 204-925-5916

QUESTIONS? Call the KidSport™ Toll Free Line at: 1-866-774-2220

Incomplete applications will not be considered.

Individual Application to the KidSport™ Fund

STEP 1 CHILD INFORMATION

Child's Name (Last): _____ (First): _____

Address: _____

City: _____ Postal Code: _____

Male Female Birth date: Year _____ Month _____ Day _____

Number of Children in Family _____

Has this child ever received KidSport™ equipment assistance before? Yes No

Sport which child will be participating in: _____

Number of years in this sport: _____

Sport Organization _____

General Information

Height: _____ Weight: _____ Shirt size: _____ Jacket size: _____

Inseam: _____ Shoe size: _____ Age: _____

I authorize KidSport and the Sport Organization to discuss the status of my application

Signature: _____ Date: _____

STEP 2 PARENT / SPONSOR / GUARDIAN INFORMATION

The parent/guardian/sponsor will act as the contact person for the child and will receive all correspondence.

Name (Last:) _____ (First): _____

Address (if different from Child's): _____ Postal Code: _____

Telephone Home: _____ Telephone Work: _____ Cell: _____

E-Mail: _____ Fax: _____

Relationship to Child (i.e. Parent/Sponsor/Guardian/other): _____

Please check one: Single Parent Family Married Common-law

PLEASE INCLUDE YOUR PARTNERS INCOME WHEN INDICATING YOUR TOTAL HOUSEHOLD ANNUAL INCOME.

Do any of the following apply to your family? Social Assistance Foster Parent
IF YES - PROOF OF STATUS MUST ACCOMPANY APPLICATION – SEE POLICY “H”

Please check one of the following, which best indicates the total household annual income, including all additional support (i.e. spouse, Common-Law spouse, child support, etc.).

Below \$15,000/yr \$15,000 - \$25,000/yr \$25,000 - \$35,000/yr Over \$35,000/yr

PROOF OF INCOME MUST ACCOMPANY APPLICATION – SEE POLICY “G”

Baseball / Softball

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> -Bat | Junior _____ (# of inches) | Senior _____ (# of inches) |
| <input type="checkbox"/> -Glove | Junior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> Large- <input type="checkbox"/> | Senior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> Large- <input type="checkbox"/> |
| <input type="checkbox"/> -Helmet | Junior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> Large- <input type="checkbox"/> | Senior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> Large- <input type="checkbox"/> |
| <input type="checkbox"/> -Cleats | _____ (Same size as your running shoes) | |

Catchers Equipment

- | | | |
|---|--|--|
| <input type="checkbox"/> -Shin Pads | Junior _____ (# of inches) | Senior _____ (# of inches) |
| <input type="checkbox"/> -Mask | Junior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> Large- <input type="checkbox"/> | Senior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> Large- <input type="checkbox"/> |
| <input type="checkbox"/> -Glove | Junior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> Large- <input type="checkbox"/> | Senior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> Large- <input type="checkbox"/> |
| <input type="checkbox"/> -Belly protector | Junior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> Large- <input type="checkbox"/> | Senior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> Large- <input type="checkbox"/> |

OTHER EQUIPMENT REQUEST - Please list all items you require. Equipment will not be disbursed if it is not listed below. Please be as specific as possible with all sizes.

- | | | |
|----------------------------|----------------------|-------------------------|
| # of items requested _____ | Item requested _____ | Size(s) requested _____ |
| # of items requested _____ | Item requested _____ | Size(s) requested _____ |
| # of items requested _____ | Item requested _____ | Size(s) requested _____ |
| # of items requested _____ | Item requested _____ | Size(s) requested _____ |
| # of items requested _____ | Item requested _____ | Size(s) requested _____ |
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| # of items requested _____ | Item requested _____ | Size(s) requested _____ |
| # of items requested _____ | Item requested _____ | Size(s) requested _____ |

Office Use Only

Sport Manitoba

Name: _____ Region: _____

Signature: _____ Date: _____

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