

Financial Assistance Community Organization Partner Reference



The City of Port Coquitlam's Financial Assistance program supports active lifestyles and healthy communities by offering inclusive recreation programs and services at a reduced cost for individuals.

APPLICANT INFORMATION

Participant Name: _____
First name (please print) Last name (please print)

Address: _____ City: _____ Province: _____ Postal Code: _____

Primary Phone #: _____ Secondary Phone #: _____ Email: _____

REFERENCE INFORMATION

Name: _____ Position: _____
First name (please print) Last name (please print)

Name of Organization: _____ Relationship to Applicant: _____

Address of Organization: _____ City: _____ Province: _____ Postal Code: _____

Phone #: _____ Cell Phone #: _____ Email: _____

I hereby certify that this applicant and applicable family members are experiencing financial limitations. I endorse their acceptance to the Financial Assistance Program for Recreation Participants. I understand that City of Port Coquitlam staff may contact me to verify my endorsement.

Reference Signature:

Date:

Please return the form to the applicant or email the reference form directly to recreation@portcoquitlam.ca
For more information or further assistance email: recreation@portcoquitlam.ca or call: 604-927-PLAY (7529)

Personal information entered on this form is collected under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA), and will be used to assess your application. If you have any questions or concerns about how your information will be used, contact the City's Records and FOIPPA Administrator at 604.927.5250 or corporateoffice@portcoquitlam.ca