



Applicant First and Last name: _____

First and Last name of Child: _____

Date of birth of Child: _____

CONTACT INFORMATION

Address: _____

City: _____ **Postal code:** _____

Home Phone: _____ **Mobile Phone:** _____

Email address: _____

- Children must be between 4-17 years of age.
- \$300 maximum funding per applicant.
- For multiple children families, please submit one application per child.
 - Applications must be submitted March 31st.
- Please include Application Checklist along with all documentation.



“Helping Kids Play Soccer”



APPLICATION CHECKLIST

- ⇒ Family applications **must** include information for **both parents**.
- ⇒ Applications **must** include the **most recent Notice of Assessment** from the CRA for the previous year for the following:
 - ⇒ **most recent Notice of Assessment for Mother/Legal Guardian**
 - ⇒ **most recent Notice of Assessment for Father/Legal Guardian**
 - ⇒ **if you are applying as a single parent, please also provide the T1 General - Income Tax and Benefit Return**

Please submit application in a sealed envelope either:

In Person to:

Woodbridge Soccer Club
Attention: The Bridge Committee
7401 Martin Grove Rd.
Woodbridge, ON L4L 9E4

By Mail to:

Woodbridge Soccer Club
Attention: The Bridge Committee



P.O. Box 12359
Rutherford Islington
Woodbridge, ON L4H 2T3