**Confirmation of Continued Eligibility for Facility Youth Discount**

**APPLICANT** (Name of organization confirming eligibility) **DATE RECEIVED** (Office use only)

**I hereby warrant that my organization**: (please check which applies)

|  |  |  |
| --- | --- | --- |
| **YES** | **NO** |  |
|[ ] [ ]  Is an incorporated not-for-profit based in the City of Guelph |
|[ ] [ ]  Has a voluntary board of directors |
|[ ] [ ]  Releases annual audited financial statements (or financial statements that have been verified as correct by two signing officers) |
|[ ] [ ]  Has 80% of members under 18 years of age |
|[ ] [ ]  Is open to all City of Guelph youth |
|[ ] [ ]  Is comprised of a minimum of 80% Guelph residents |
|[ ] [ ]  Charges a participation fee |

**I warrant that the information provided is accurate and complete.**

* I understand that submission of this form does not constitute approval to receive the Youth Facility Subsidy Discount.
* I further understand that I may be required to provide further details and/or supporting documentation to facilitate the approval.
* If I am submitting this application on behalf of an organization or corporation, I warrant that I have the authority to do so.

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| --- |
| **Signature** |
| **Name**(please print) |  | **Signature** |  |
| **Position**(President or Treasurer) |  | **Date**(Mmm-dd-yyyy) |  |

**Please submit completed form to Recreation Support Services, by email to** **facilitybooking@guelph.ca****.**

The personal information on this application form is collected pursuant to the *Municipal Act, 2001*, and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*, for the purposes of the Youth Facility Discount Program. Questions regarding this collection should be directed to the Program Manager, Information, Privacy and Elections, City of Guelph, 519-822-1260 x 2605.