



JUST PLAY

All sections of the application must be filled out completely. Application must be submitted to Pinnacles FC administration office.

Section 1: ATHLETE RECIPIENT	
First Name:	Last Name:
Address:	
City:	Postal Code:
Telephone: ()	Email:
Parent/Guardian:	Relationship to Athlete:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (dd/mm/yy):
Sport Season:	Full Registration Cost:
Section 2: SPORT ORGANIZATION INFORMATION	
Club/League: Pinnacles FC	Program:
Address: Box 24072, 550 Eckhardt Avenue West	
City: Penticton BC	Postal Code: V2A 8L9
Telephone: (778) 476-5888	Email: admin@pinnaclesfc.com
Contact:	Position:
Section 3: FINANCIAL VERIFICATION REFERENCE (teacher, doctor, church leader etc.)	
First Name:	Last Name:
Address:	
City:	Postal Code:
Telephone: ()	Email:
Relationship to the athlete:	
I agree, to the best of my knowledge that the above information is accurate and agree this application meets with Pinnacles FC guidelines. I believe the family of this applicant has financial need and a grant from Pinnacles FC is essential to the child's participation in a season of sport. I agree to participate in a brief telephone follow-up if required.	
Signature of Reference:	Date:
FOR OFFICE USE ONLY:	
Application Received (dd/mm/yy):	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved By:	Approved Date:
Approved Funding Amount: \$	Has the athlete received a Pinnacles FC grant before: