



Partnership Application



The R.E.A.L. Program Steering Committee would like to thank your organization for applying to become a partner with the R.E.A.L. Program. The in-kind support your organization will provide to the R.E.A.L. Program will be made available to children and youth who do not have the opportunity to participate in registered programs due to financial limitations.

Contact Information	
Name of Organization:	Charitable Number (If applicable):
Contact Person:	Position:
Second Contact Person:	Position:
Program Location:	Postal Code:
Mailing Addressing (If different from above):	
Telephone:	Fax:
Email Address:	Website:
Program Information	
What activities does your organization offer? (Please attach any information)	
<input type="checkbox"/> Art <input type="checkbox"/> Drama <input type="checkbox"/> Swimming <input type="checkbox"/> Fitness Passes <input type="checkbox"/> Gymnastics <input type="checkbox"/> Music <input type="checkbox"/> Guides/Pathfinders/Brownies <input type="checkbox"/> Kickboxing <input type="checkbox"/> Judo <input type="checkbox"/> Other:	<input type="checkbox"/> Skating <input type="checkbox"/> Softball <input type="checkbox"/> Soccer <input type="checkbox"/> Taekwondo <input type="checkbox"/> Dance <input type="checkbox"/> Karate <input type="checkbox"/> Easter Camp <input type="checkbox"/> Tennis <input type="checkbox"/> Golf
<input type="checkbox"/> Basketball <input type="checkbox"/> Bowling <input type="checkbox"/> Baseball/T-Ball <input type="checkbox"/> Hockey <input type="checkbox"/> Beavers/Scouts/Cubs <input type="checkbox"/> Summer Camps <input type="checkbox"/> Indoor Rock Climbing <input type="checkbox"/> Dance <input type="checkbox"/> Fencing	
What is the age group for your varying programs:	
What are your registration dates? (Please list seasonal registration dates):	
What are your seasonal start and end dates? (i.e., Fall, Winter, Spring, Summer)	
How long does each program session run for? (Number of weeks, times per week)	
What personal information do you require to register a participant? Participant's Information: Parental/Guardian Information:	
Are participants limited by their home address? (i.e., must attend a specific school, must be a resident of St. John's)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:	
Does your organization have insurance for the activities provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If yes, please provide details of insurance coverage:

Program Costs

What is the program cost for the general public? (please include any special programs or elite level programs that may have additional costs associated):

What uniform or equipment is required for your activity?

Is this cost of equipment provided within the registration cost?
 Yes No If not, please provide approximate costs:

Does your organization sell required program uniform or equipment? Yes No
If not, where is the program equipment available for purchase:

Is used equipment acceptable?
 Yes No

At what point in the program is the specific uniform or equipment required?:

Are there any additional fees associated with your organization? (i.e., testing, recitals, competitions, camps):

Yes No

If yes, please indicate when these associated fees are required:

Are there additional related activities, fieldtrips, or tournaments associated with your program?

Yes No If yes, please provide details:

Indicate your organization's level of sponsorship (i.e., number of free spots, program discounts):

Registration Fees:

Equipment Costs (if applicable):

Cost of Specialized Programs (i.e., camps):

Applicant's Signature:

Date:

REAL Program Staff Name:

REAL Program Staff Signature:

If you have any questions or concerns, please do not hesitate to contact the R.E.A.L. Program at 709-576-8684/4556/2574.

Thank you for supporting the R.E.A.L. Program!

ST. JOHN'S