



PLEASE PRINT



**REAL PROGRAM
PARTNERSHIP APPLICATION**



Contact Information

SECTION 1

Name of Organization: _____ Charitable # _____
(if applicable)

Contact Person: _____ Position: _____

Second Contact Person: _____ Position: _____

Program Location: _____ Postal Code: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email Address: _____ Website: _____

Program Information

SECTION 2

<input type="checkbox"/> Art	<input type="checkbox"/> Skating	<input type="checkbox"/> Basketball	<input type="checkbox"/> Drama	<input type="checkbox"/> Swimming
<input type="checkbox"/> Softball	<input type="checkbox"/> Hockey	<input type="checkbox"/> Baseball/T-ball	<input type="checkbox"/> Bowling	<input type="checkbox"/> Fitness Pass
<input type="checkbox"/> Soccer	<input type="checkbox"/> Karate	<input type="checkbox"/> Taekwondo	<input type="checkbox"/> Dance	<input type="checkbox"/> Music
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Rock Climbing	<input type="checkbox"/> Kickboxing	<input type="checkbox"/> Fencing	<input type="checkbox"/> Tennis
<input type="checkbox"/> Judo	<input type="checkbox"/> Summer Camp	<input type="checkbox"/> Beavers/ Scouts/Cubs	<input type="checkbox"/> Guides/Pathfinders/ Brownies	

Other: _____

What is the age group for your programs? _____

What are your registration dates?
(i.e. Fall, Winter, Spring, Summer) _____

How long does each program session run for?
(# of weeks, times per week) _____

What personal information do you require to register a participant? _____

Participant Information: _____

Parental/Guardian Info: _____

Are participants limited by their home address?
(i.e. must attend a specific school, must be a resident of St. John's?) If yes, please provide details. _____

Insurance is required as part of your partnership with the REAL program. Please provide proof of Commercial General Liability (including abuse coverage) minimum limit of \$2 million evidenced with the City as an additional insured and containing a 30 day notice of cancellation clause.

Enclosed: Yes No

Program Cost	SECTION 3
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What is the cost of your program(s)?
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 the cost of equipment provided with the registration cost? Yes No

If not, please provide approximate cost _____

Is used equipment acceptable? Yes No

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

Are there any additional activities/fees associated with your program? (ie. testing, recitals, competitions, camps, fieldtrips, tournaments) Yes No

If yes, please indicate when these associated fees are required? _____

Indicate your organization's level of sponsorship for REAL participants. (i.e. # of free spots, program discounts, cost of program for REAL participants) _____

Signature	SECTION 4
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Signature: _____ Date: _____

For Office Use Only	SECTION 5
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REAL Program Staff Name: _____ Signature: _____

Privacy Notice	SECTION 6
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Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process this application. Questions about the collection and use of the information may be directed to Manager of Family & Leisure Services at 576-8020 or email real@stjohns.ca

Please return completed forms to:	City of St. John's Recreation Division- REAL P.O. Box 908 St. John's, NL A1C 5M2	For further information: Phone: (709)576-8684/4556 Phone: (709)576-2574 Email: real@stjohns.ca
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NEWFOUNDLAND AND LABRADOR, CANADA