



Splatsin Stsmamlt Services
Tsilem Application

First Name _____ Last Name _____

Date of Birth _____ Status Number _____

Parent/Guardian Information

First Name _____ Last Name _____

Address _____ City _____ Province/State _____ Postal/Zip Code _____

Description of Activity and Payment

Name of Activity _____ School Related Y N

Reimbursement Y N Payable to: _____

Receipts Y N Address if different than above:

Registration Form Attached Y N _____

Invoice Attached Y N _____

Amount Requested _____

Submit completed application c/o Sue Brookes Stsmamlt Services Admin. Assistant:

In Person at:

308 George Street
Enderby BC V0E 1V0

Or at:

Splatsin Administration
5775 Old Vernon Rd
Enderby B.C. V0E 1V0

By Mail:

PO Box 460
Enderby BC
V0E 1V0

Email:

Sue_brookes@splatsin.ca