



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