

Corporation of The Township of Stone Mills

4504 County Road 4, Centreville, Ontario K0K 1N0
Tel. (613) 378-2475 Fax. (613) 378-0033
Website: www.stonemills.com



Swim Subsidy Program

Applicant Information

Last Name: _____ First Name: _____
Mailing Address: _____ Town: _____ Postal Code: _____
Phone Number: _____ Email: _____
Cheque payable to: _____

Participant Information

Name: _____ Date of Birth: _____
Age at Start of Swim Program: _____

Program Information

Name of Facility: _____ Pool Location: _____
Instructor Name: _____ Swim Program Name: _____
Swim Level Completed: _____
Date instruction Started: _____ Date Instruction Ended: _____

Application

I hereby make application to The Corporation of The Township of Stone Mills for a subsidy in the amount of \$42.00 pursuant to the Swim Subsidy Program.

Applicant Signature: _____ Date: _____

Staff Use Only

Date Received: _____ Status: _____ Account Number: _____

Please attach copy of the registration form for each applicant and submit to the administration office located at 4504 County Road 4, Centreville.