



Braefoot Community Association

1359 McKenzie Avenue, Victoria BC V8P 2M1

E admin@braefoot.ca **W** www.braefoot.ca

P 250 721 2244 **F** 250 721 5287

2015 Outdoor Summer Camp Subsidy Application

Who is Eligible?

This summer camp subsidy application is designed for families who are living on a low income or on B.C. Benefits. To be considered your combined household income must be at or below the following rates for the previous year.

# In Household	2	3	4	5	6	7
Combined Income	\$25,582	\$31,450	\$38,185	\$43,307	\$48,845	\$54,381

You will need to provide proof of income, combined LINE 150 from your most recent Notice of Assessment (Taxes) of all adults in the household. These forms must be submitted no less than 30 days from Braefoot's Summer Camp week of choice start date.

What Summer Camps You Are Eligible For?

Please pick the camp and date you prefer by labeling them #1-7, #1 being your favourite. All camps are run at the Braefoot Community Association from 9am to 3pm for children ages 6 to 12. Please complete one form per child.

All Boys #1 June 29 – 30 & July 2 – 3 (no camp Wed. July 1)

All Girls #1 June 29 – 30 & July 2 – 3 (no camp Wed. July 1)

Fun Days #1 Earth Week July 13 – 17

All Boys #2 July 20 - 24

All Girls #2 July 20 - 24

Fun Days #2 Olympics July 27 – 31

All Boys #3 Aug. 4 - 7

All Girls #3 Aug. 4 - 7

Fun Days #3 Around the World Aug. 10 - 14

Fun Days #4 Carnival Aug. 24- 28

Child's Name:



Braefoot Community Association

1359 McKenzie Avenue, Victoria BC V8P 2M1

E admin@braefoot.ca **W** www.braefoot.ca

P 250 721 2244 **F** 250 721 5287

2015 Outdoor Summer Camp Subsidy Application

Parent/Guardian's Name (1): _____

Address: _____ City: _____

Postal Code: _____

Home Phone: _____ Work/Cell: _____

Email Address: _____

Parent/Guardian's Name (2): _____

Address: _____ City: _____

Postal Code: _____

Home Phone: _____ Work/Cell: _____

Email Address: _____

Child's Name (1): _____ Age: _____

Gender: Male Female Date of Birth (MM/DD/YY): _____

Child's Name (2): _____ Age: _____

Gender: Male Female Date of Birth (MM/DD/YY): _____

Child's Name (3): _____ Age: _____

Gender: Male Female Date of Birth (MM/DD/YY): _____

Child's Name (4): _____ Age: _____

Gender: Male Female Date of Birth (MM/DD/YY): _____

Have you previously been subsidized for a Braefoot Summer Camp? Yes ___ No ___

Line 150 on most recent tax assessment is \$ _____

I acknowledge that all this information is accurate to the extent of my knowledge and if inaccurate information is provided I will not be eligible for Braefoot Summer Camp Subsidy.

(Signature) _____ (Date) _____

NOTE: Braefoot Summer Camp Subsidy is subject to approval and you will be notified if accepted.

OFFICE USE ONLY

Date Received	Approved Camp(s)

