



## Red Pheasant Cree Nation Youth Sports Claim Form

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Date: \_\_\_\_\_

Name: \_\_\_\_\_

Membership #: \_\_\_\_\_ DOB \_\_\_\_\_

Sport/Activity Registered in: \_\_\_\_\_

Total cost being claimed: \_\_\_\_\_ Receipt provided (circle one) Yes No

Payment to (circle one) Parent Organization

Payment via (circle one) E-transfer Mail Cheque @ Centex

Name to make payment to (and address if applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other notes:

\_\_\_\_\_  
\_\_\_\_\_

(Circle one) Approved Not Approved

\_\_\_\_\_  
(Band Manager)