

GEORGETOWN DIVIDE RECREATION DISTRICT

Recreation Activities Fund Application

Youth 0–17 years old

Please complete application and return to:
Georgetown Divide Recreation District
4300 Hwy 49
Pilot Hill, Ca 95664

For GDRD Use Only: Household Size: _____
Eligibility Determination: _____
Approved: _____ Amount: _____
Authorized by: _____ Date: _____

Parent Name: _____ Home Phone: _____ Work Phone: _____
(Print last name first)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ CHILDREN(S) INFORMATION

Last Name First	DOB	Grade	Last Name First	DOB	Grade
1. _____			4. _____		
2. _____			5. _____		
3. _____			6. _____		

HOUSEHOLD MEMEBERS AND ANNUAL INCOME:

List all adult household members and indicate the amount of ANNUAL INCOME. (Including gross earnings from work, pensions, retirement, social security, welfare benefits, child support, alimony payments or other income.)

Last Name First	Total Household Annual Income
1. _____	_____
2. _____	_____
3. _____	_____

Which activity(s) will your children participate in?

- Youth Basketball
 Divide Little League
 Gold Country Girls Softball
 Gold Nugget Soccer
 Other _____

ALL HOUSEHOLDS READ AND COMPLETE THIS SECTION

Application for reduced fees may be submitted at any time. Family members will be asked to present proof of GDRD issued Recreation Activities Fund assistance when registering for approved activities. Verification efforts may include checking the documentation produced by household members to prove the amount of income received. If incorrect information is reported, verification checks may result in a loss of benefits, claims for reimbursement or legal actions.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given for the receipt of reduced fees on GDRD programs and that officials may verify the information on the application. Deliberate misrepresentation of the information on this form may subject me to prosecution under applicable State and Federal Laws.

* _____ Date _____
Signature of adult household member completing this form