



# P.E.A.R.L. Program

(Participation for Everyone in Active Recreation and Leisure)

## Application Form

### Program Guideline

1. Designed for residents of Mount Pearl.
2. A reference must be provided from community leader (example: social worker, teacher, clergy, coach).  
A reference cannot be a family member of relative.
3. One activity per person per season.

### PARTICIPANT INFORMATION

Participant's Name: \_\_\_\_\_ Birth Date (dd/mm/yy): \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Name (if applicable): \_\_\_\_\_

Participants Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Tel: \_\_\_\_\_ (H)

Tel: \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) Email: \_\_\_\_\_

**Funding Application Deadlines - Summer April 15<sup>th</sup> Fall July 15<sup>th</sup> Winter/Spring November 15<sup>th</sup>**

### REQUEST FOR FUNDING - I would like to request funding for:

Activity/Program: \_\_\_\_\_ Registration Fee: \$ \_\_\_\_\_

Start Date (dd/mm/yy): \_\_\_/\_\_\_/\_\_\_ Length of Activity: \_\_\_\_\_

I certify my submission of the above and verify that all the information given is correct and can be substantiated.

Signature of Adult: \_\_\_\_\_ Date: \_\_\_\_\_

### REFERENCE (community leader/professional)

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

Position: \_\_\_\_\_ Tel: \_\_\_\_\_ (W)

Tel: \_\_\_\_\_ (H/Cell) E-mail: \_\_\_\_\_

#### For Office Use Only:

Application Received (dd/mm/yy): \_\_\_/\_\_\_/\_\_\_ Application Complete (Y/N): \_\_\_\_\_ Accepted (Y/N): \_\_\_\_\_

First Time Funding (Y/N): \_\_\_\_\_ Allocation Period (dd/mm/yy): \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Comments: \_\_\_\_\_

**The City of Mount Pearl will respect the confidentiality of all applicants.**

For more information contact Jennifer Jones, Manager of Community Recreation Programs,  
748-1046 or jjones@mountpearl.ca.

Please submit application to: Pearl Program, Recreation and Community Safety Dept., City of Mount Pearl, 3 Centennial Street, Mount Pearl, NL A1N 1G4