

Nipissing First Nation

Adult Recreation Fee Reimbursement Form

Funding Period: April 01, 2025 – March 31, 2026

Application Deadline: *Must be received no later than March 31, 2026*

***This reimbursement is offered for a limited time only. It applies solely to recreation fees paid between April 1, 2025 and March 31, 2026 and is not an annual or ongoing program.

Program Overview

This fund supports NFN adult members with reimbursement for eligible recreation registration fees that promote physical activity and healthy living.

- **Maximum Reimbursement:** Up to \$200 per NFN adult member within the funding period.
- **Eligibility:** NFN members 18 years and older.
- **Receipts Required:** Original or legible copies **must be submitted with this application.**
- **Drop off at LCHC or email to :** recreimbursements@nfn.ca

Eligible Expenses (Registration Fees Only)

Recreation registration fees related to sports and physical activity, including but not limited to: - Gym memberships or passes - Fitness or exercise classes (e.g., spin, yoga, dance) - Organized sports (e.g., hockey, basketball) - Recreation programs that promote physical activity

Ineligible Expenses (Not Covered)

- Clothing or footwear
- Sports or recreation equipment
- Late fees, penalties, or interest charges
- Any expense without a receipt

Applicant Information

Full Name: _____

Date of Birth: _____

NFN Band/Registry Number: _____

Mailing Address: _____

Phone Number: _____ **Email:** _____

Expense Details

(Attach receipts for all expenses listed below, attach a separate sheet if required)

Program / Activity Name	Service Provider	Registration Fee Paid

Total Amount Requested (Maximum \$200): \$ _____

Reimbursement Information

Preferred Payment Method:

Cheque Direct Deposit (if on file)

Note: If direct deposit information is not on file, payment will be issued by cheque.

Applicant Declaration

I declare that: - I am an NFN adult member and the information provided is true and complete. - The expenses submitted are eligible recreation registration fees incurred during the funding period. - I understand that reimbursement is up to a maximum of \$200 per adult member. - I acknowledge that incomplete applications or applications submitted after March 31, 2026 will not be processed.

Applicant Signature: _____ **Date:** _____