

TRANSPORTATION SUBSIDY FORM - APPENDIX B

School Group	<input type="checkbox"/> NORTH <input type="checkbox"/> QUINTE/CENTENNIAL <input type="checkbox"/> PRINCE EDWARD <input type="checkbox"/> TRENTON <input type="checkbox"/> BAYSIDE <input type="checkbox"/> MOIRA <input type="checkbox"/> CENTRE
School Contact	_____
District Event	Cross Country _____ Soccer _____ Volleyball _____ Basketball _____ Track and Field _____ 3 Pitch _____ 4x100 Relay _____
Date and Location of District Event	_____ / _____ / _____ Location: (yy) (mm) (dd)
School(s) Involved	1. _____ 2. _____ 3. _____
Mode of Transportation (explain if necessary)	_____ (receipts must be submitted)
School Account # to be Credited	_____
Amount of Subsidy Applying for	\$ _____
Total Trip Cost of Transportation	\$ _____

SIGNATURE: _____

PLEASE FORWARD TO THE EAA TREASURER, WITH RECEIPTS, NO LATER THAN 45 DAYS AFTER THE DISTRICT EVENT TAKES PLACE.

AUTHORIZATION: _____

For more information, visit www.hpedsb.on.ca/ec/ea. Click on Constitution and scroll down to find more information.

