



GO PLAY Fund Application

Please complete and return this agreement to:
 Town of Stellarton
 250 Foord Street, Stellarton, NS
 Phone: 902-752-2114 E-mail: paige.draper@stellarton.ca

Personal Information

First Name	Last Name	Date of Birth
Address		
Phone Number	E-mail Address	

Please tell us how you will be using this fund

Name of Program/Activity	
Contact Information for Program	
Cost	Amount Requested

Reference Information

Name	Relationship to Applicant
Phone Number	Email Address

I certify that all answers given are true and complete to the best of my knowledge. I authorize a Go Play Fund representative to contact my references and obtain relevant information to contact my references and obtain relevant personal information required for the application.

 Applicant Signature

 Date