



**Halifax Dunbrack Soccer Club**  
 210 Thomas Raddall Drive, Unit 3, Halifax, Nova Scotia, B3S 0J2  
 Phone: 902-455-0078 Email: [info@dunbrack.ca](mailto:info@dunbrack.ca)

## Everyone Plays Application Form (Page 1)

<b>Section 1: Applicant Information</b>			
Child's Name:		Date of Birth: dd / mm / yyyy	
Address:		City:	
Province:		Postal Code:	
Parent's Name:		Email Address:	
Cell #:	Home #:	Work #:	
Child's Soccer Program:		Season:	
<b>Section 2: Request for Funding</b> (Please circle your response.)			
I applied for Jumpstart funding for the Summer Season: Yes No		I was approved: Yes No N/A	
I applied for Kidsport funding for the Summer Season: Yes No		I was approved: Yes No N/A	
I applied for Jumpstart funding for the Winter Season: Yes No		I was approved: Yes No N/A	
I applied for Kidsport funding for the Winter Season: Yes No		I was approved: Yes No N/A	
Please indicate the amount you are able to contribute to the program registration fees: \$ _____			
<p>By completing this application and signing below, I confirm that the information I have provided is correct, and I hereby authorize Halifax Dunbrack Soccer Clubs and its representatives to consult with the Endorser. All information captured on this application form is a requirement of Halifax Dunbrack Soccer Club, and the club and its members will respect the confidentiality of all applicants. All personal information is secured and protected and will not be used for any other purpose than as a reference for the funding request.</p>			
Signature: _____		Date: _____	
<b>Section 3: Endorsement</b> (Please have a community member such as a teacher, guidance counsellor, school principal, doctor, dentist, police officer, or social worker complete this section.)			
Name:		Employer:	
Address:		City:	



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## Everyone Plays Application Form (Page 2)

Section 3: Endorsement (continued)	
Province:	Postal Code:
Email Address:	Cell #:
Relationship to Applicant:	HDSC can contact me: Yes No
<p>As the community member, please write a brief description in the space below detailing how you are able to identify and assess the economic barrier of the applicant. Then please elaborate on the applicant's specific economic barrier to participation in the requested soccer program.</p> <div style="border: 1px solid black; height: 250px; width: 100%; margin-top: 5px;"></div>	
<p>I certify my endorsement of the above child and verify that all information given above is correct and can be substantiated.</p> <p>Signature: _____ Date: _____</p>	
<p>Submit your application by email to <b>George Athanasiou</b> (<a href="mailto:george.athanasiou@dunbrack.ca">george.athanasiou@dunbrack.ca</a>) for consideration. Applications must be received 3 weeks before the start of the applicable season.</p>	

### For Office Use Only:

Received: dd / mm / yyyy      Requirements Met: Yes / No      Follow-Up Complete: Yes / No  
 Reason for Funding Approval: \_\_\_\_\_  
 First Time Request: Yes / No      Amount: \$ \_\_\_\_\_      Allocation Season: \_\_\_\_\_