

Activity Fund Request Form

To qualify for the KBIC Youth Activity Fund, you must meet all of the requirements outlined in the guidelines.

Please provide the following information:

Parent Name _____ Enrollment # _____

Parent Name _____ Enrollment # _____

OR

Legal Guardians Name _____

Do You Have Physical Custody of the Child _____ (proof provided) _____

Address _____ Phone# _____

Childs Name _____ Enrollment # _____

List Type of Reimbursement _____

Amount Requested:\$ _____ Date of Purchase _____

I certify that the above information is true and accurate. I understand that I will not be reimbursed if any of the information is found to be inaccurate.

Parent/Guardian Signature

Date