



# Lummi Youth Recreation Request for Funds 2011

**Completing this form is NO GUARANTEE OF FUNDS.**

*LYR Staff will review these requests on Monday mornings and you will be notified in a timely manner. We must have requests a week prior to event!*

Explanation of request \_\_\_\_\_

Participant Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Tribal # Required \_\_\_\_\_

**YOU MUST HAVE FLYER&ROSTER FOR ENTRY FEE REQUEST!**

Amount Requested: \_\_\_\_\_ To Whom: \_\_\_\_\_

Vehicle  Gas  Lodging  Food  Entry Fee  Equipment

Vehicle: \_\_\_\_\_ Driver (Must be tribally insured): \_\_\_\_\_

Requested By: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Please provide contact information (Parents/Participants): Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Before your request for funding can be approved you must have the department managers of the below listed direct service providers (family services dept's) initial that you have attempted to seek funding and are not eligible thru their department.

YESS DEPT.  ETC  HEALTHY MARRIAGES  
 CARE  LNSO

By completing and turning in this form, YOU are agreeing to assist /volunteer with the LYR/ Wellness dept. @ a future time, TBD by LYR/ Wellness Staff.

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STAFF USE ONLY

Request Reviewed By: LYR/Wellness Coord. Athletic Coord.

Decision: Approved Denied

Rationale: No Funds One time ONLY! Doesn't meet Criteria

Criteria: High Motivation Youth at Risk

Unemployed Single Parent Household

CPS/JJ Referral YESS Referral

Referred to other Sources: \_\_\_\_\_

Date of Review: \_\_\_\_\_ Signature: \_\_\_\_\_