



Ronin Sharma Foundation

Office: 8670 140B Street, Surrey, BC. V3W0V9

roninsharmafoundation@gmail.com

Registration Fee Assistance

The Ronin Sharma Foundation is a foundation dedicated to help youth in British Columbia access sport programs. The foundation will provide up a designated amount per player in registration fees subsidies to approved applicants registered with a sanctioned sport association in British Columbia.

Athlete Information:

First Name: _____ Last Name: _____

Birthdate (MM/DD/YYYY): _____ Age: _____ Sex (circle one): F / M / Other

Address: _____ City: _____ Province: _____ Postal Code: _____

Email Address : _____ Phone Number: _____

Family Information:

Name of Parent or Guardian (1): _____

Name of Parent or Guardian (2): _____

I am a single parent with sole financial responsibility for this child. If this box is not checked, please submit other parent's financial documents.

Address: _____ City: _____ Province: _____ Postal Code: _____

Email Address : _____ Phone Number: _____

Number of people in household: _____ Number of Income Earning Members in the Family Unit: _____

Income bracket of family (before tax):

1. Less than \$33,141
2. \$33,141- \$40,743
3. \$40,733- \$49,467
4. \$49,467- \$56,105
5. \$56,105-\$63,276
6. \$63,276- \$70,449
7. More than \$70,449



Ronin Sharma Foundation

Office: 8670 140B Street, Surrey, BC. V3W0V9

roninsharmafoundation@gmail.com

PLEASE NOTE WE ALSO REQUIRE A COPY OF NOTICE OF ASSESSMENT DISPLAYING LINE 15000. - ATTACH COPY IN EMAIL WITH THIS COMPLETED FORM.

Sport Association Information:

Name of Organization: _____

City: _____ Province: _____ Team Name and Age Group: _____

Years playing Sport: _____ Level of Sport (e.g., Rep A1, Rep A2, House): _____

Dates of the Season you are applying for (MM/YYYY – MM/YYYY): _____

Registration Fees Per Season: _____

Local Association Information:

Key Contact Name: _____

Role: _____

Email: _____ Phone Number: _____

Have you applied for funding for this program elsewhere?

NO YES - Where? _____ Amount: \$ _____

Proof of Registration:

If the child's registration has already been paid to his or her local sports association, please provide proof of payment.

Otherwise, please provide an invoice/quote from the local association that your child will be registered with.

* Please attach a proof of registration and this completed form in an email sent to roninsharmafoundation@gmail.com *

I am verifying that I have completed this application form to the best of my ability and have provided accurate information.

Signature of Parent or Guardian: _____

Name of Parent or Guardian: _____

Date (MM/DD/YYYY): _____