

Family Boarding Claim

File Name & Number: _____

Boarding Family

Name: _____

P. O. Box: _____

Village: _____

Postal Code: _____

Phone Number: _____

Social Insurance Number: _____

CIBC bank account number if you want your cheque deposited: _____

Dates:										
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Guest Name:

Signed by Host Family: _____ Date: _____

Signed by Participant: _____

Fax this form to Sheila Gordon (819) 964-2934 or scan to shgordon@krg.ca