

Interlake School Division
AP 2020-F1 Application for Before and After School / Daycare Programs

PLEASE PRINT

APPLICANT: _____ Contact Person: _____
Address: _____ Address: _____
Telephone: _____ Telephone: _____
Email: _____ Email: _____

Time(s) and Date(s) of use applied for:

Number of children: _____

Minimum \$2,000,000 Liability Insurance is required

Proof of Liability Provided

Names of Supervisors:

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