CANADIAN CURLING ASSOCIATION	CHILDREN'S FITNESS TAX CREDIT
CE CURLING CONTROL CON	OFFICIAL RECEIPT
RECEIPT NO.	DATE
ORGANIZATION	
(i.e. club name, summer camp)	
ADDRESS	
CITY/TOWN	
PROV TERR	POSTAL CODE
NAME OF PROGRAM	
(i.e. youth curling)	
AMOUNT RECEIVED \$	
AMOUNT ELIGIBLE \$	
FULL NAME OF PAYER	
CHILD'S FULL NAME	
CHILD'S YEAR OF BIRTH	
CANADIAN CURLING CANADIAN CANA	CHILDREN'S FITNESS TAX CREDIT OFFICIAL RECEIPT
RECEIPT NO.	DATE
ORGANIZATION	
(i.e. club name, summer camp)	
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(i.e. youth curling)	
AMOUNT RECEIVED \$	

CHILD'S FULL NAME

FULL NAME OF PAYER

CHILD'S YEAR OF BIRTH