Organization Name		1
Mailing Address		
Thum, your ess		
Phone		
Priorie		
Email (if applicable)		
Children's Fitnes	s/Activity Tax Credit - Off	icial Receipt
Child's Full Name		Child's Date of Birth
[Child must be	e under 16 at the beginning of the t	ax year]
Nam	ne/Description of Eligible Program	
110.1	10, 2000. peron or 2.18.0.0 1 108.0.11	
[minimum night wo	oks duration or for samps five son	cocutive days 1
[mmmum eight wee	eks duration, or for camps, five con	secutive days j
		Fitness/Activity
Payment Date	Total Amount Received	Eligible Amount
Full Name of Payee (Parent / Guardian)		
Authorized Signature		Date Issued