

Organization Name

Mailing Address

  

Phone

Email (if applicable)

### Children's Fitness/Activity Tax Credit - Official Receipt

Child's Full Name

Child's Date of Birth

<input type="text"/>	<input type="text"/>
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[ Child must be under 16 at the beginning of the tax year ]

Name/Description of Eligible Program

[ minimum eight weeks duration, or for camps, five consecutive days ]

Payment Date

Total Amount Received

Fitness/Activity  
Eligible Amount

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Full Name of Payee ( Parent / Guardian )

Authorized Signature

Date Issued

<input type="text"/>	<input type="text"/>
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