
Financial Assistance Referral Letter

I am confirming that this New Westminister resident, and applicable household family members, are experiencing financial limitations and our agency is endorsing their access to the Parks and Recreation Financial Assistance Program.

Client Information

Name: _____

Address: _____, New Westminister, BC

Phone Number: _____

Referral Information

Referring Person: _____

Referring Title/Position: _____

Agency Name: _____

Agency phone: _____

Agency address: _____

Submission Process

During COVID-19 & Recreation Facility Closures

Email the referral form to inclusion@newwestcity.ca. A staff member will contact you to complete your account set up.

Questions?

For more information on the Parks and Recreation Access & Inclusion Policy and Program, please visit: newwestcity.ca/access

For a listing of recreation facilities and hours of operations, please visit: newwestcity.ca/parks-and-recreation/facilities