
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: _____

Social Service Agency Referral Information

Referring Person: _____

Referring Title/Position: _____

Agency Name: _____

Agency phone: _____

Agency address: _____

Date: _____

Referral Form Submission Process

Applicants will bring their completed form and evidence of New Westminister residency to any recreation facility, during regular customer service front desk operating hours, to complete their account setup. Upon completion, you can immediately purchase discounted services.

Questions?

For more information on the Parks and Recreation Access & Inclusion Policy and Program, visit:
newwestcity.ca/parks-and-recreation/about-parks-and-recreation

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