



PAL Card Application Form

For Office Use Only

Date Received: _____

Date Card Issued: _____

Card Number: _____

Please complete the following information. All information pertaining to this application is confidential.

Name: _____

Date of Birth: dd_____mm_____yy_____ Phone #: _____

Address: _____

City: _____ Postal Code: _____

Email: _____

To determine eligibility requirements, please answer the following question:

1. Is the disability: Permanent Temporary

2. Can your disability be corrected with the use of an assistive device?
(e.g. Eyeglasses): Yes No

Please explain: _____

This program does not require a medical certificate for PAL Card eligibility. However, it is necessary to have verification that the applicant has a disability, therefore references are required. The references must be people who know that the applicant meets the criteria: for example, agency or service provider, occupational or physiotherapist, teacher, etc. All references will be contacted by staff before the PAL Card application is approved.

Please fill in the references sections of the application on the following page.

References:

1. Name: _____
Occupation: _____
Home Phone: _____
Work Phone: _____
2. Name: _____
Occupation: _____
Home Phone: _____
Work Phone: _____

The statements made above are, to the best of my knowledge, complete and accurate. I understand that a staff person will contact the references and that approval of this application depends upon verification that the applicant is a person with a disability (according to Statistics Canada's definition) who requires a support person to participate in or perform recreation/leisure activities.

Signature: _____ Date: dd ____ mm ____ yy ____
(Signature of Applicant, Parent, Guardian, or Caregiver)

Signature: _____ Date: dd ____ mm ____ yy ____
(Signature of Manager's Approval)

Please mail, drop off, fax or email completed application form to:

PAL Card	Parks & Recreation Department	Town Office
C/O Town of Marathon	16 Peninsula Drive	4 Hemlo Dr.
P.O. Bag "TM", 4 Hemlo Drive	Marathon, ON	Marathon, ON
Marathon, ON		
P0T 2E0		

Fax to: 229-2499 Email to: recoffice@marathon.ca

**For more information or assistance, please
call 229-9943 or email: recoffice@marathon.ca**

