



**CHILDREN'S FITNESS TAX CREDIT
OFFICIAL RECEIPT**

RECEIPT NO.	DATE
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ORGANIZATION

(i.e. club name, summer camp)

ADDRESS

CITY/TOWN

PROV TERR	POSTAL CODE
------------------	--------------------

NAME OF PROGRAM

(i.e. youth curling)

AMOUNT RECEIVED \$

AMOUNT ELIGIBLE \$

FULL NAME OF PAYER

CHILD'S FULL NAME

CHILD'S YEAR OF BIRTH



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organization copy