



MILITARY POLICE FUND FOR BLIND CHILDREN

SUBMISSION FORM

1. REGION:
2. WING/BASE/STN:
3. APPLICANT-CHILD(REN)'S NAME:
4. AGE(S): (OR ORGANISATION'S NAME):
5. DISABILITY(IES):
6. LIFESTYLE ENHANCEMENT
 RECREATIONAL
7. ITEMS/SERVICES REQUESTED:
8. TOTAL COST: (INCLUDING ALL TAXES, SHIPPING AND HANDLING)
9. FUNDING REQUIREMENT RECURRING
 NON-RECURRING
10. METHOD OF PAYMENT REQUESTED:
11. NAME OF SPONSOR:
12. ADDRESS OF SPONSOR:
13. E-MAIL ADDRESS OF SPONSOR:
14. PHONE NUMBER OF SPONSOR:
15. FAMILY COMPOSITION:
16. TOTAL FAMILY INCOME:
17. IDENTIFY ANY OTHER SOURCES OF FUNDING AVAILABLE OR PREVIOUS MPFBC FUNDING:
18. UNIT REP'S NAME:
19. TEL FAX:
20. ADDITIONAL COMMENTS:
21. ATTACHMENTS YES
 NO

The applicant and/or person acting on his/her behalf shall indemnify and save harmless the Directors, officers, servants, agents, employees and members of the Military Police Fund for Blind Children (MPFBC) from and against all claims, demands, costs, expenses, damages and injuries in any manner based upon, arising out of or connected with the decisions of the MPFBC Corporation, its Director, officers, and members including any services, assistance or use of MPFBC Corporation resources by any person.