



# BRITISH COLUMBIA DEAF SPORTS FEDERATION

#4 – 320 Columbia Street, New Westminster, B.C. V3L 1A6

FAX: (604) 526-5010 Email: info@bcdeafsports.bc.ca

## Application for Sport Interpreting Services

Application Date: \_\_\_\_\_

### Contact Information

Name:	
Email:	Phone:
Interpreting for who:	Athlete's age:
BCDSF Member: Yes / No	Date of Birth:(MM/DD/YYYY)

### Interpreting Information

Sport:							
Start Date (Month/Day):				End Date (Month/Day):			
Day and Time of Sessions Per Week:							
<b>Time:</b>	<i>Mon</i>	<i>Tues</i>	<i>Wed</i>	<i>Thurs</i>	<i>Fri</i>	<i>Sat</i>	<i>Sun</i>
<b>Start:</b> Ex/ 8:30							
<b>End:</b> Ex/ 10:30							
Total number of sessions:							
Number of hours per session:				Total hours:			
Name of the facility:							
Address of the facility:							
Purpose of the activity: (please mark):							
Training <input type="checkbox"/> Skill Development <input type="checkbox"/> Recreational <input type="checkbox"/> Competition <input type="checkbox"/>							
Workshop/clinic <input type="checkbox"/> Meeting/conference <input type="checkbox"/> Other: _____							

Requests for interpreters need to be emailed or faxed to the office at least 30 days in advance

<b>For Office Use Only</b>	
Date Application Received: _____	Tracking Number: _____
Application Approved <input type="checkbox"/>	Application Denied <input type="checkbox"/>
	Member #: _____

