

## All-Access Day Pass Application Form (Social Service Agencies)



Recreation  
Financial  
Assistance  
Program

The Recreation Financial Assistance Program provides subsidized access rates for monthly FUN Passes for up to 100 residents of Orillia per year, as well as subsidized rates for All-Access Day Passes for Social Service Agencies and their clients.

**Please complete this form to apply to the City of Orillia Recreation Financial Assistance Program as a Social Service Agency.** Submission of this form does not guarantee approval into the program. You will be notified within 10 business days regarding the status of your application. Financial assistance is provided on a first come, first served basis.

### An All-Access Day Pass provides daily unlimited access to:

- The Fitness Centre and walking track.
- All swimming drop-in sessions, including open swims, lane swims and aquafit.
- All open gym sessions, including drop-in basketball, drop-in volleyball and drop-in pickleball.
- All kids' drop-in programs, including drop-in open gym, preschool drop-ins and playgroups.
- All fitness drop-in programs, including drop-in yoga, drop-in spin and drop-in HIIT.

### Costs

As of February 1, 2026:

Approved organizations are eligible to pay 30% of the full Adult All-Access Day Pass rate.

### Eligibility

Eligible social service agencies are permitted to purchase a maximum of 50 day passes at a time and a minimum of 14 business days must lapse between requests for day passes. The number of All Access Day Passes that can be purchased by each qualified Social Service Agency will be established on a per application basis.

### Required Documentation

- Proof of mission statement and/or operational plan that outlines how the agency supports low-income and/or marginalized individuals residing in Orillia.
- Proof of not-for-profit status with the Government of Canada.



### Main Contact Information

Main Contact First Name: \_\_\_\_\_ Main Contact Last Name: \_\_\_\_\_

Main Contact Email Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Main Contact Work Number: \_\_\_\_\_ Ext. \_\_\_\_\_

Main Contact Cell Number: \_\_\_\_\_

### Social Service Agency Contact Information

Name of Social Service Agency: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street Name Apartment/Suite/PO #

City: \_\_\_\_\_ Agency Website: \_\_\_\_\_

### What is the age demographic your services support? (Select all that apply)

- Children
- Students
- Adults (18+)
- Seniors (60+)

### Does your agency currently provide supports to residents of Orillia?

- Yes, our agency currently provides supports to Orillia residents.
- No, our agency does not currently provide supports to Orillia residents.

**Please provide proof of mission statement and/or operational plan that outlines how the agency supports low-income and/or marginalized individuals residing in Orillia. You may either type this information on the next page or include a copy of this information.**

**Also include a copy of proof of not-for-profit status with the Government of Canada.**

- Mission Statement/Operational Plan included
- Proof of not-for-profit status with the Government of Canada

