



# ALOECTA DEPENDANT CLAIM FORM

<b>OEFTA Member</b> (Please Print)	<b>School</b> (Please Print)

Dependant Name(s) (Please Print)	Age(s)

Meeting for which dependant care expenses are being claimed:

**Date:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**AMOUNT:** \$ \_\_\_\_\_

**Name of Sitter:** \_\_\_\_\_  
(please print)

**Signature of Sitter:**

**Signature of OEFTA Member:**

That the names and ages of dependants be included in the receipts.

That spouses not be eligible to receive dependant care expenses and that older siblings only be eligible or receive dependant care expenses when both parents or the parent in a single parent family is/are registered participant(s) in the OEFTA activity.

**The sum claimable is \$40 per night maximum.**