



APPLICATION FOR ASSISTANCE

DATE:.....

APPLICANT'S NAME:.....

ADDRESS:.....

DATE OF BIRTH:.....

PHONE:.....WORK PHONE:.....

To apply for assistance through Shellharbour Sports Assistance Fund the minimum level of representation or selection is NSW Country.

The event that you will be attending must be Australian Country, Australian or International. The applicant must be selected to attend or attain a recognised standard.

The applicant's member organisation must be a member of the fund for a minimum of the current year and the preceding year.

This form, together with a copy of the official notification received by the applicant notifying him/her of participation and expenses involved must be forwarded to the Sports Assistance Fund, PO Box 155, Shellharbour City Centre 2529,

- | | | |
|---------------------------|--------------------|--------------------------|
| LEVEL OF TEAM SELECTED IN | NSW COUNTRY | <input type="checkbox"/> |
| (Tick where applicable) | NSW | <input type="checkbox"/> |
| | AUSTRALIAN COUNTRY | <input type="checkbox"/> |
| | AUSTRALIAN | <input type="checkbox"/> |
| | INTERNATIONAL | <input type="checkbox"/> |

LEVEL IN (Name Of Sport):.....

NAME OF EVENT:.....

DATE AND DURATION OF PARTICIPATION:.....

VENUE:.....

NAME OF CLUB OR SCHOOL FROM WHICH APPLICANT GAINED

REPRESENTATION:.....

SECRETARY'S NAME (Club Or School):.....

ADDRESS:.....

PHONE:.....WORK PHONE:.....

FINANCIAL DETAILS OF EXPENSES APPLICANT IS REQUIRED TO PAY:

TRAVEL:.....

ACCOMMODATION:.....

ADDITIONAL:.....

TOTAL:.....

Is the applicant to receive financial assistance from elsewhere yes/no. If yes, give details of from whom and amount involved:

.....
.....

SECRETARY'S SIGNATURE.....

Note: Please supply all supporting documentation

D Briggs
Chairperson
Shellharbour Sports Assistance Fund