

APPLICATION FOR TRAVEL SUBSIDY

Date:				
Team:		Selected by:		
Event:		-		
Location:				
		1		
Name:		Address:		
Grade:		Telephone:		
Name:		Address:		
Grade:		Telephone:		
Name:		Address:		
Grade:		Telephone:		
Name:		Address:		
Grade:		Telephone:		
Name:		Address:		
Grade:		Telephone:		
Name:		Address:		
Grade:		Telephone:		
				1
	Total Cost:		\$	
	Less:			
	Selecting Organisation Contribution:		\$	
	Other Grants / Subsidies:			
	COST TO ATHLETE:		\$	
	Less:			
	Value of any Uniform etc. retained by athlete:		\$	
	NET COST TO ATHLETE:		\$	
Please attach:	 Evidence of selection. Evidence of costs. Bank account details for direction. 			
Confirmed by Club Contains				
Confirmed by Club Captain:				
Committee Comments				
Committee Comments:				
Signature: D		ate:		