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## SMALL DONATIONS PROGRAM - APPLICATION FORM

# Sports Participant Program

### APPLICANT'S DETAILS

Organisation/individual name:

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Contact name (parent or guardian if applicant under 18 years):

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Position/relationship:

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Postal address:

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Phone:

Mobile:

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Email:

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### BANK ACCOUNT DETAILS FOR PAYMENT

BSB No:

Account No:

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Account Name:

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Bank:

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## CATEGORY OF REPRESENTATION - INDIVIDUAL

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Under which category have you been selected. Regional and State representation as determined by the peak State body for the subject sport and National representation as determined by the peak National body for the sport

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Selected in a Regional team    Name of Regional Team:

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Selected in a State team    Name of State team:

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Selected in a National team    Name of National team:

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## CATEGORY OF REPRESENTATION - TEAMS

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Regional representation at State Titles    Name of your team/s:

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State representation at National Titles    Name of your team/s:

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National representation at International Titles    Name of your team/s:

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## EVENT DETAILS

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What is your sport?

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What event are you going to?

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Date and location of event:

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Evidence of selection in the representative team attached

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## DECLARATION

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I certify to the best of my knowledge that the statements made in this application and any supporting documentation are true.

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Signed

Date

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Print name

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The information you provide will be handled in accordance with the Privacy and Personal Information Protection Act 1998. The supply of information by you is voluntary. If you cannot provide or do not wish to provide the information sought, your application may be unable to be processed. Any personal information collected from you will be in order to process your application.