

Kilbirnie Sports Trust Application Form

Name of Individual, Team or Club:

Postal Address:

.....

.....

Street Address:

.....

.....

Telephone Day:

Telephone Night:

Contact names of two people in your organization if required:

Name A:

Postal Address:

.....

.....

Telephone Day:

Telephone Night:

Name B:

Postal Address:

.....

.....

Telephone Day:

Telephone Night:

Is your Team/Club affiliated to a Wellington Association?

Yes No

Is your Team/Club affiliated to a New Zealand Association?

Yes No

Please provide details of your membership

MEMBERS

NUMBERS

Senior Members	
Junior Members	

--	--

Duration of project:

Starting Date:

Finishing Date:

Are you applying to any other organizations for funding?

Yes No

Have you received funds from the Eastern Suburbs Sports Trust?

Yes No

If yes please provide details:

Tell us why this project should be funded. (What is the need for this project and how will it benefit your Team/Club?)

How will New World, PAK'N Save and the Sports Trust be recognized by the individual Team/Club?

Please Note;

- ◆ THE EASTERN BAYS SPORTS TRUST MEETS ON THE FIRST WEDNESDAY OR EVERY MONTH

- ◆ THEREFORE, ALL APPLICATIONS MUST BE RECEIVED BY THE LAST WEDNESDAY OF THE MONTH PRIOR TO THAT MEETING.
- ◆ ALL APPLICANTS WILL BE NOTIFIED IN WRITING WITHIN 14 DAYS AFTER THE MEETING.
- ◆ PLEASE ALLOW AT LEAST 30 DAYS FOR YOUR APPLICATION TO BE PROCESSED PRIOR TO YOUR DEPARTURE/EVENT ETC.

DECLARATION

I hereby declare that the information supplied here on behalf of my organization is correct:

SIGNED:

Please print CLEARLY your name:

ROLE IN ORGANISATION:

Name:

Address:

.....

.....

Telephone Day:

Telephone Night: