



TAUPO HALF MARATHON SPORTS FUND

APPLICANT DETAILS - please print clearly

NAME: _____

AGE: _____

SPORT: _____

TEAM NAME IF APPLICABLE: _____

CONTACT DETAILS:

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

EMAIL: _____

PHONE: _____

EVENT DETAILS:

NAME OF EVENT: _____

DATE OF EVENT: _____

LOCATION OF EVENT: _____

HOW WILL THE FUNDS BE USED?

WHAT ARE YOU GOALS?

ACHIEVEMENTS list achievements over the past 1 to 2 years

CONTINUE OF SEPARATE PAGE IF NECESSARY

DETAILS OF EXPENSES - list expenses

Expense	Amount
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

AMOUNT APPLIED FOR \$ _____

I acknowledge I have read and agree to the terms and conditions for receiving this funding

SIGNED _____

DATED _____

BANK ACCOUNT DETAILS

Account Name: _____

Account Number:

OFFICE USE ONLY

DATE RECEIVED _____ **APPROVED / DECLINED** _____

AMOUNT _____ **DATE PAID** _____ **AUDIT RECEIVED** _____