NELSON TRIATHLON & MULTISPORT

COMPETITION SUPPORT GRANT APPLICATION FORM

This form is for individuals only.

GENERAL DETAILS

1. **FULL NAME OF PERSON FOR WHOM GRANT IS REQUIRED:**

2. **FULL NAME OF PERSON MAKING APPLICATION:** (If the applicant is under 18 years of age, the application must be completed by an adult)

3. **RELATIONSHIP OF APPLICANT TO RECIPIENT** (e.g. Parent, Guardian)**:**

4. **POSTAL ADDRESS:**

5. **STREET ADDRESS (If different to postal address):**

6. **CONTACT DETAILS:**

   Work Ph ..... Home Ph ..... Mobile .....

   Email .....

7. **WHAT WILL THIS GRANT BE USED FOR – Details of the event that you will be competing in outside of the Nelson region:**

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8. **WHAT ORGANISATION WILL YOU BE REPRESENTING?**

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   .....

   .....

9. **ARE YOU A CURRENT FINANCIAL MEMBER OF THE NELSON TRIATHLON & MULTISPORT CLUB?**

   YES / NO

   .....

10. **NUMBER OF YEARS AS A MEMBER OR FAMILY HAS BEEN A MEMBER OF THE NELSON TRIATHLON & MULTISPORT CLUB?**

    .....

11. **LIST THE NELSON TRIATHLON & MULTISPORT CLUB EVENTS YOU HAVE ACTIVELY TAKEN PART IN DURING THE LAST 12 MONTHS?**

    .....

    .....

    .....

12. ARE YOU (OR A FAMILY MEMBER) AN ACTIVE VOLUNTEER OF THE CLUB?

YES / NO

.....

13. THE FULL COSTS OF THIS EVENT ARE:

EXPENDITURE	COST $
TOTAL EXPENDITURE:	**$**

14. HOW DO YOU INTEND TO FUND THIS EVENT? (e.g. fundraising, sponsorship, own money etc)

INCOME	COST $
TOTAL INCOME:	**$**

15. HOW MUCH MONEY DO YOU PRESENTLY HAVE?

$ .....

16. WHAT AMOUNT ARE YOU APPLYING FOR?

$ .....

17. DURATION OF EVENT:

START DATE: ..... FINISHING DATE: .....

If no exact start and finishing dates, please provide information: .....

.....

18. ARE YOU APPLYING TO ANY OTHER ORGANISATION/S FOR FUNDING ASSISTANCE FOR THIS EVENT?

YES / NO

If YES, please list the organisation/s. Indicate the amount of money you are applying for and any money already granted towards the activity and/or when you expect to know the result(s) of your application(s).

ORGANISATION	GRANTED $	REQUESTED $	RESULT DATE

19. HAVE YOU RECEIVED ANY GRANTS FROM THE NELSON TRIATHLON & MULTISPORT CLUB OVER THE LAST 12 MONTHS?

YES / NO

If YES, please provide the following details:

EVENT	AMOUNT $	YEAR

20. PAYMENT OF FUNDS

PLEASE ATTACH A DEPOSIT SLIP SO FUNDS CAN BE DIRECT CREDITED INTO YOUR BANK ACCOUNT (IF YOUR APPLICATION IS SUCCESSFUL).

21. DECLARATION AND CONSENT UNDER PRIVACY ACT 1993:

I hereby declare that the information supplied here is correct and I agree to abide by the Rules and Criteria of the Nelson Triathlon & Multisport Club Grants Scheme.

I, ... hereby consent to the Nelson Triathlon & Multisport Club collecting the details provided above, and retaining and using these details. I undertake that I have obtained the consent of the other contact person to provide these details. I acknowledge my right to have access to this information. This consent is given in accordance with the Privacy Act 1993.

APPLICANT: .....

SIGNATURE: ..... DATE: .....

If applicant is under 18, the form must also be signed by a parent or legal guardian:

APPLICANT: ..... RELATIONSHIP: .....

SIGNATURE: ..... DATE: .....

Please note: Final decision made at the next Club meeting

SEND APPLICATION TO: **Nelson Triathlon & Multisport Club**
P O Box 906, Nelson, 7040

Ph: 021 393 010
Email: info@nelsontriclub.co.nz