

KAURI CLUB GRANT APPLICATION FORM



Date: _____

Name: _____ Date of birth: _____

Address: _____

E-mail: _____ Phone: _____

Sport: _____

Achievements (Past 12 Months)(please indicate achievement level eg U18, open, masters): _____

Achievements (Previous) (please indicate achievement level eg U18, open, masters): _____

Goals: Short-term: _____

Long-term: _____

Current Sponsors: _____

Cash Amount: _____ per annum Product Value \$ _____ per annum

Reason for requesting grant, actual costs, how and date funding will be used:

Amount of funding requested: _____

Recipients of Kauri Club funds are required to submit a written report on how the funding was used and what was achieved at any events competed in. Please sign this form to confirm you agree to do so.

Signature of Applicant: _____ **Date:** _____

To be completed by Regional Sports Organisation

I _____ of _____ declare the

Name

Code/Designation

above grant application is a true and correct record of the applicants achievements.

Signature: _____ **Phone:** _____

Please attach one reference from coach, trainer, school principal or respected community member.

Please return this form to:
The Administrator, Kauri Club, PO Box 1492, WHANGAREI