

Sports Membership Assistance Program Application Form

This form can be lodged by email to trudi@fourreasonswhy.org.au
Please allow up to 21 days for your application to be processed and for notification of the outcome

Applicant Name
Date of Birth Gender
Address
Email
Name of Parent/Caregiver (if under 18 years and living at home)

Phone Number
Referring Agency/School/Club
Name of Referrer
Email/Phone Number of Referrer
Self-referred
Season
Please name the sport or physical activity you are requesting funding for

SMAP amount requested
\$
Please name the club/venue where the membership is to be paid

Club/venue contact person name

Club/venue contact person phone number

Date of first game of the season OR date of the first session/activity

Date

By receiving this funding, the applicant agrees to attend where possible training sessions and compete in no less than 3 competitive matches/sessions for the SMAP membership to be active. If the participant does not participate in at least 3 matches the fees will not be paid by Four Reasons Why.

Please continue to page 2 of this application

FOR THE APPLICANT (YOUTH) TO COMPLETE

Why is this sport/physical activity important to you?

Signature of applicant (youth)

Signature of parent/caregiver for the applicant to receive funding (if applicant is under 18 years and living at home)

Office Use Only (please circle below)

Approved

SMAP Amount Allocated \$

Board Member

Board Member Signature