

# Kilbirnie Sports Trust Application Form

Name of Individual, Team or Club: .....

Postal Address: .....

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Street Address: .....

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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	



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**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: .....

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Telephone Day: .....

Telephone Night: .....