

SPORT NZ RURAL TRAVEL FUND APPLICATION FORM 2021-24

A.	Details					
Nan	ne of organisation:		_			
Con	tact person:		_			
Post	cal address:		_			
PO I	Box address:		_			
Telephone:		Email:	_			
В.	Contact Names					
Plea	ase provide					
1.	Name	Phone				
2.	Name	Phone				
c.	Organisation De	tails				
Are	you a club or a school	ol?				
1. H	How many members	belong to your club/school?				
2. How many participants aged between 5 & 18 will this travel subsidy benefit?						
3. H	low many participant	s are aged between 5-11 yrs				
4. ŀ	How many participant	s are aged between 12-18 yrs				
5. F	Please detail how mai	ny applicants are female				
6. F	6. Please detail how many applicants are male					
7. [Does your application	involve a partnership with a local school / club	YES/ NO			

8. What is this funding going to be	· · ·	·
9. Do you have any disabled individ	duals who are being s	supported by this fund?
a. If yes, how many will re	eceive support from t	the RTF
10. What percentage of your member applying to for the rural travel fu		of the local authority you are %
D. Financial Details		
1. Are you registered for GST?	YES / NO	
(If yes please write your GST GST NO.	Number in the space	provided below)
2. How much money are you applying for?	\$ \$	Sport NZ funding other funders your contribution TOTAL
3. If you have applied for funding fr <i>Table 1 below.</i>	om other organisatio	ns please supply details - refer to
Table 1 Organisation - (including other councils	s) Amount requested	(\$) Results date (if known)

	 Do you have endorsement from your local affiliated club/school for this application for funding? (this is only relevant if the group applying is the regional body). YES/ NO (briefly explain and attach evidence of this) 							
	Declaration hereby declare that the inform janisation is correct?	ation supplied here o	n behalf of our					
N۵	consent to	authority collec	rting the					
per and rev	sonal contact details and information in the second contact details and disclosing lew of the rural travel fund. This covacy Act 1993.	on provided in this appli them to Sport NZ for th	cation, retaining se purpose of					
1.	Name:							
	Position in organisation / title:							
	Signature:	_ Date:						
2.	Name:							
	Position in organisation / title:							
	Signature:	_ Date:						
Ple	ase attach:							

- 1. Latest financial statements from your organisation (i.e. P&L, financial statement)
- 2. A deposit slip (in case your application is approved)
- 3. Evidence of your endorsement from your local affiliated club/school (if required)

Checklist:

1. Have you answered every question?

2. Have you attached the relevant documents with your application?							
3. Send your application form with the relevant documents to your local authority by date							