

FUNDING APPLICATION FORM

Name of Applicant	
Position of Applicant	
Contact Number	
Purpose of the application identify intended attendees	competition / training / social / combination
Name of Event	
Dates of Event	
Venue	
Start Time	
End Time	
Provide details of Accommodation & Costs (if required)	
Provide Details of Transport & Costs (if required)	
Supervision/staffing	
Costs payment schedule: deposit / staged payments etc	
Marketing/Communication Required	

This form to be submitted to the Secretary, Albany Creek Swim Club
PO Box 386 Albany Creek Post Office QLD 4035

ALBANY CREEK SWIM CLUB