



## ATHLETE SUBSIDY APPLICATION FORM

Congratulations on being selected for the State / National Athletics Team. Please complete the following details to be considered for the Port Adelaide Athletics Club Inc. athlete subsidy. Please note this subsidy is subject to budget availability.

### Athlete Details:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Competition Name: \_\_\_\_\_

Address for Competition: \_\_\_\_\_

Date of Competition: \_\_\_\_\_

### Bank Account Details:

BSB: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Committee Use Only:

Approved By: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Payment Processed: \_\_\_\_\_

Issue Number: 1  
Date of Approval: TBA  
Review Date: TBA