



Application Form

Applicant's First Name: _____

Surname: _____

School: _____ Age: _____

DOB: _____ Phone #: _____

Address: _____

What sport is the applicant currently involved in or want to participate in?

Which club do you belong or wish to belong to?

Have you approached other organisations for funding? Yes No

If YES, name organisation: _____

I agree to the conditions of assistance: Signature of Parent/Guardian

_____ Date / /

Please post to: Sporting Chance
Sport Canterbury
PO Box 2606
Christchurch

Office use only: Application complete

Action Taken: _____

TO BE FILLED IN BY REFEREE

Name of School/Agency _____

I hereby recommend (Name of child)

_____ for Sporting Chance Assistance.

Briefly outline relevant family circumstances:

(attach additional sheet if necessary)

Purpose and kind of assistance needed: (Tick Boxes) Cost (\$)

- Footwear
Shoe size _____
- Equipment _____
- Fees/Subs _____
- Travel Expenses _____

Specific Child Needs (Detail)

Referee contact details

Name: _____

Email: _____

Address: _____

_____ Phone: _____

Signature: _____

By signing this you are agreeing that, to the best of your knowledge, the applicant is worthy of the assistance applied for and will make strong efforts to remain involved in the activity listed above as a result.