



# West Coast Swimming Club

## APPLICATION FOR FINANCIAL SUPPORT

### PERSONAL DETAILS

Swimmer's Name:			
Form Completed by:			Parent/Caregiver
Email:		Phone:	
Account Name:			
BSB :		Account:	

### COMPETITION DETAILS

- |   |   |
|---|---|
| <input type="checkbox"/> Australian Age Championships               | <input type="checkbox"/> Australian Open Long Course Championship |
| <input type="checkbox"/> Australian Open Water Championships        | <input type="checkbox"/> Other. Please specify. _____             |
| <input type="checkbox"/> Australian Trials for the Olympic Games    |   |
| <input type="checkbox"/> Australian Open Short Course Championships |   |

Location: <i>Please list events below</i>	Date(s):	Qualifying Time	Entry Time

### REQUEST FOR FINANCIAL SUPPORT

I anticipate/have incurred the following expenses and wish to apply for financial support.

Entry Fees	Personal equipment	Travel	Accommodation	Total

Please include details of any special considerations you would like the committee to be aware of in assessing this application.

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Signature:		Date:	
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# West Coast Swimming Club

## CERTIFICATION

I have sighted SwimCentral and confirm that qualification times have been achieved as stated on page 1.

Name:		Role in Club:	
Signature:		Date:	

## COMMITTEE USE ONLY

### Meeting Decision

Discussed at committee meeting of:	
Summary of decision:	Approved / Not Approved
Amount Approved:	
Reason if not approved:	

### Secretary/President

Advice of outcome emailed on:	
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### Treasurer

Date EFT transfer processed:		Initials:	
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*Treasurer, please retain this document in financial records for audited statement purposes.*