



West Coast Swimming Club

APPLICATION FOR SWIMMER ASSISTANCE

PERSONAL DETAILS

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

COMPETITION DETAILS

Event	Date	Location

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

I/we agree to the following guidelines of the Swimmer Assistance Policy:

Following completion of the event, the swimmer is requested to provide a brief report to the West Coast Swimming Club committee and/or speak at a Time Trial or End of Year Presentation event, outlining their experiences and learning from national participation. This provides further opportunity to:

- Acknowledge the swimmer's achievements.
- Inspire and encourage other swimmers.
- Highlight and recognise the support provided by the Club.

The Club may also publicise the swimmer's attendance, achievements, and representation of the West Coast Swimming Club through local media and social media platforms.

Signature:		Date:	
------------	--	-------	--



West Coast Swimming Club

CERTIFICATION

I have sighted Swim Central 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:	
-------------------------------	--

Treasurer

Date EFT transfer processed:		Initials:	
------------------------------	--	-----------	--

Treasurer, please retain this document in financial records for audited statement purposes.