Return by 22 February 2019 to

Carterton Events Centre 50 Holloway Street, Carterton

gerry@cdc.govt.nz

RURAL Travel Fund

Application form



Application No. (office use only)

SPORT NZ RURAL TRAVEL FUND APPLICATION FORM 2019/2020

Α.	Details					
Na	me of organisation:					
Со	ntact person:					
Ро	stal address:					
РС	Box address:					
Telephone:		Email:				
В.	Contact Names					
ΡI	ease provide					
1.	Name	Phone				
2.	Name	Phone				
C.	Organisation Deta	ails				
1.	. How many members belong to your club/organisation?					
2.	. Are you a club or a school?					
3.	Will the travel subsidy	benefit participants aged between 5 & 19				
	No Yes (If so how	many participants)				
4.	. How many participants are aged between 5-12 yrs					
5.	. How many participants are aged between 13-19 yrs					
6.	Does your application	involve a partnership with a local school	YES	NO		

/. What is this funding going to be	e usea for? (Brie	iny explain) 	
What percentage of your mem applying to for the rural travel	l fund?	vicinity of t		
D. Financial Details				
1. Are you registered for GST?	YES	NO		
(If yes please write your GS GST NO.	ST Number in the	e space pro	ovided below)	
2. How much money are you applying for?	\$ \$	·	ort NZ funding ner funders	
	\$ \$		ur contribution	
	\$	TO	TAL	
3. Have you applied to any other result (briefly explain) - refer t	•	_	nd if so what was the	
Table 1				
Organisation - (including other counci	ils) Amount req	uested (\$)	Results date (if known)	

4.		ave endorsement of your local affiliated club/school for this application for (this is only relevant if the group applying is the regional body).
	NO	YES (briefly explain and attach evidence of this)
Ε.	Decla	ration
	•	declare that the information supplied here on behalf of our n is correct?
an an	d informat d disclosin	to Carterton District Council collecting the personal contact details tion provided in this application, retaining and using these details ag them to Sport NZ for the purpose of review of the rural travel onsent is given in accordance with the Privacy Act 1993.
1.	Name: _	
	Position i	in organisation / title:
	Signature	e:Date:
2.	Name:	
	Position i	in organisation / title:
	Signature	e:Date:
Ple	2. A depo	ch: nce sheet from your organisation (i.e. financial statement) osit slip (in case your application is approved) nce of your endorsement from your local affiliated club/school (if required)
Ch	ecklist:	
	-	you answered every question?
	3. Send y by 22	you attached the relevant documents with your application? your application form with the relevant documents to your local authority February 2019 Brooking - Community Development Coordinator
	•	ton Events Centre

50 Holloway Street

gerry@cdc.govt.nz

Carterton