

## Personal Details

### Applicants' details

First Name: ..... Team

Last Name: ..... Individual

Date of Birth: ...../...../.....

Address: .....

Suburb: ..... City: ..... Post Code: .....

Email address: .....

Telephone: .....

### Parent or Guardians details (to be completed for all applicants under 18 years of age):

First Name: ..... Last Name: .....

Address (if different from above):  
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Email address: .....

Telephone: .....

## Funding Details

Please outline what you/your team intend to use the funds for (please include as much detail as possible):

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Our principal supporters:



MEMBER OF PARALYMPICS NEW ZEALAND

Please signify the member/s involved who will benefit from this:  
(Please note that as per the Funding Guidelines, all participating individuals must be ParaFed Otago members)

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Please explain what difference this funding will make to you/your team in competing and participating in your chosen sport and any success at past events/competitions:

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**Costs:**  
(Please provide any quotes to support your costs if applicable. Attach them to this funding form)

Total cost: .....

How much are you applying for: .....

How much do you plan to contribute to the cost, e.g. fundraising:  
 .....  
 .....  
 .....

**Please provide a breakdown of costs:**

Item	Cost
<i>E.g., Accommodation</i>	<i>E.g., \$500</i>

**Please provide bank account details that you would wish for the funds to be deposited in should your application be successful:**

Name of bank: .....

Account number: .....

Name on account: .....

## Agreement

- a) I believe the above information to be true and correct.
- b) Should my/our funding application be successful I/we accept that ParaFed Otago may, in its sole discretion, use any information relating to the application or the applicant for the purpose of publicity to raise awareness of ParaFed Otago and the assistance that it provided, and the applicant consents to such use. I/we agree for the usage of imagery for these purposes.
- c) The fund is for ParaFed Otago members only. The purpose of the fund can be for travel, registration for competition, camps and associated fees.
- d) The decision of the successfulness of the application is up to the ParaFed Otago Committee and you will be informed in reasonable time the outcome of your request.
- e) Should my/our funding application be successful, ParaFed Otago requires accountability for all funds received by the applicant. If there are changes in circumstances, we require any unspent funds to be returned.

Full Name: .....

Signed: .....

Dated: .....

### Parent or Guardians details (to be completed for any applicants under 18 years of age)

Full Name: .....

Signed: .....

Dated: .....

*Please return the completed form to the ParaFed Otago Sport Development Officer at [sdo@parafedotago.co.nz](mailto:sdo@parafedotago.co.nz)*