

# Community Sponsorship Fund



## Applicant Information

Name Required

Date of birth Required

Gender (Select 1 option) Required

- ☐ Male
- ☐ Female
- ☐ Prefer not to say

Address Required

Suburb (Select 1 option) Required

Number Required

Email Required

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## Event Details

Event start date Required

D	D	M	M	Y	Y	Y	Y
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Event end date Required

D	D	M	M	Y	Y	Y	Y
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Who will you be representing? Required

Upload any documentation regarding your selection to participate Required



Please attach all files to the end of this form before submitting it.

How will this donation assist you? Required

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## Payment Details

Bank account details for electronic transfer of grant monies (if successful).

Account name Required

BSB number Required

Account number Required

Bank name Required

# Declaration

I confirm that the information provided in this application is true and correct.

Signature

Required

Date

Required

D

D

M

M

Y

Y

Y

Y

For applicants under 18 years

Parent/guardian name

Parent/guardian signature