



Softball New Zealand

Sports House, 93 Hutt Park Road, Seaview PO Box 30 322, Lower Hutt 5040

Phone: 64 4 560 0388, Fax: 64 4 560 0400, Email: snz@softball.org.nz, Website: www.softball.org.nz

Contact Details:

Name of Applicant:

Age of Applicant.....

Applicants Postal Address:

Contact Person (Parent/Guardian)

Parent/Guardian Ph Number:Parent/Guardian Mobile.....

National Team:

Purpose: What is the grant to be used for? (Please be specific & use a separate page if necessary)

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Total Amount Requested EXCL GST: (Up to Maximum \$500) \$.....

Cost Breakdown: You must supply formal quotes that detail the breakdown of the authorised purpose applied for (attach copy of quotes to this application i.e. levy, goods and services etc.)

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Other Funding: Has the applicant applied for funds for the same purpose from any other source? YES/NO (If yes, please supply full details, using a separate sheet if necessary)

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Softball Association Resolution:

I certify that the above is true and correct:

(Association Name).....Softball Association

Secretary Name.....Signed.....

Bank Details: (bank account name and number)

Bank	Branch	Account	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

