**CLAC Athlete Development Subsidy Application Form**

Applicant Name: Present Age Group:

Parent/Guardian Name:

Contact Phone:

Email:

**Please Answer the following:**

What event has/was the athlete selected to attend?

What are/were the costs involved in attending this event?

Have you attached Proof of payment? – Y/N

For reimbursement purposes

Bank:

BSB:

Account Number:

* Was last season your second or more consecutive year membership of CLAC? - Y/N
* In the previous season, did you:
	+ Compete in at least 50% of Friday Night Competitions - Y/N
	+ Represent CLAC at Regional Relays – Y/N
	+ Represent CLAC at Regional Championships Y/N
	+ Caloundra Open Day – Y/N

 Further Comment for consideration:

* In the following season, does the athlete/family agree to:
	+ Allow promotion of athlete’s selection in CLAC media platforms. – Y/N
	+ Provide a report of the subsidised event which will be relayed to all CLAC members either by a verbal summary at the Friday night announcements or as a written report read out on Friday night. – Y/N
	+ Commit to re-registering to CLAC the following season – Y/N
	+ Commit to mentor younger athletes by sharing their knowledge or skills in an age appropriate manner. -Y/N

SIGNATURE OF PARENT/GUARDIAN: DATE:

Thank you for your application

Please forward to CLAC Secretary: clac4551@gmail.com

OR hand to CLAC Centre Manager

Please Note:

* Application will be considered at next committee meeting
* Money will be reimbursed **after** proof of attendance is provide