

CALL
(08) 8256 0333

POST
12 Bishopstone Road
Davoren Park SA 5113

EMAIL
playford@playford.sa.gov.au

VISIT
Playford Civic Centre
10 Playford Boulevard
Elizabeth SA 5112

Stretton Centre
307 Peachey Road
Munno Para SA 5115



CITY OF PLAYFORD COMMUNITY DEVELOPMENT GRANTS PROGRAM

Club Participation Sponsorship Application

- Please read the Sports Club Sponsorship Guidelines before completing this application form
- Contact the Grants Officer on 8256 0230 or playford@playford.sa.gov.au for more information on any of the Community Development grants

CLUB DETAILS

Name of club:	<input type="text"/>
Nominated Team Name:	<input type="text"/>
Age Group of Nominated Team:	<input type="text"/>
Details of competition in which individual will participate:	<input type="text"/>
Has the club determined that participation of applicant could not occur without sponsorship?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of club contact:	<input type="text"/>
Club Address:	<input type="text"/>
Club Postal Address: (If different from above)	<input type="text"/>
Phone:	<input type="text"/>
Mobile:	<input type="text"/>
Email:	<input type="text"/>
Date of Application:	<input type="text"/>

List how the funding will be spent:

EXPENDITURE: (please list you wish council to fund)	COST
Membership Fees	
Registration Fees	
Uniform	
Mandatory Equipment	
Other (please list)	
Total Expenses	\$

NEW RECRUIT DETAILS

Name of person for whom funding is sought:	<input type="text"/>		
Address:	<input type="text"/>		
Postal Address: (If different from above)	<input type="text"/>		
Date of Birth:	<input type="text"/>		
Phone:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>	Date of Application:	<input type="text"/>
Is the applicant a new recruit for the club?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the applicant a past player that has not played for the club for at least 3 years?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the applicant been a playing member for another club of the same sport in the past 5 years?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Has this recruit previously received funding from the City of Playford Sports Club Sponsorship grant?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, when?	<input type="text"/>		
If so, which sporting club?	<input type="text"/>		

PAYMENT

All payments will be made by Electronic Funds Transfer (EFT) directly to the club. Please provide the following details for payment:

Account Name:	<input type="text"/>	Bank:	<input type="text"/>
Account Holder:	<input type="text"/>	Branch:	<input type="text"/>
Account Number:	<input type="text"/>	BSB:	<input type="text"/>

PUBLICATION OF AWARD / SIGNATURE

City of Playford reserves the right to publish details of the awarded sponsorship and details to whom the sponsorship is awarded.

All the information stated within this application is, to the best of my knowledge, true and correct. I realise that, should this application be successful but the new recruit is unable or unwilling to join the club, then the club is obliged to return the full grant to the City of Playford. I understand and agree to abide by the conditions as stated on this form and in the guidelines.

Signature of Applicant:	<input type="text"/>	Date:	<input type="text"/>
Signature of parent/guardian:	<input type="text"/>	Date:	<input type="text"/>
Name of parent/guardian:	<input type="text"/>		
Signature of club contact:	<input type="text"/>	Date:	<input type="text"/>
Name of club contact:	<input type="text"/>		