

Inswim Swimming Club
P.O. Box 3142
East Blaxland N.S.W 2774

Inswim Swimming Club Inc.

National Funding Application Form For Inswim Swimming Club Inc.

Applicant's Name _____

Applicant's N.S.W Registration No. _____

Swimmer's D.O.B. _____ Age at Championship _____

Membership with Inswim Swimming Club in years _____

I _____ **am applying for funding for** _____
(Parent or Guardian) *(Swimmer's name)*

who will be attending _____ **at** _____
(Open, Age, Open Water, Multidisability etc.) *(Venue)*

Please attach to this form the following:

Qualified for National Events _____
(Distance and Stroke)

Date, Location, and Time of achievement _____
(Swimmer's qualifying times, where and when achieved)

I _____ **am applying for funding for the national titles and am aware and agree to Inswim Swimming Club's terms and conditions of subsidy.**

Signature of Applicant

Date of Application

National Funding Rules were received with this form by applicant _____

- Executive Committee Decision is final and no further discussion will be entered into