Contact Details

* indicates a required field 1. Name of your organisation * Organisation Name 2. Your organisation's address Address **Organisation Postal Address (if different)** Address If different from above Phone Number (day) * Email Address * Must be an email address. Website Must be a URL. 4. Main contact person for this project * First Name Last Name Position in group * Phone Number (day) *

Email Address *			
Must be an email address			
5. Second contact pe First Name	e <mark>rson for this projec</mark> Last Name	t *	
Position in group *			
Phone Number (day)	*		
Email address *			
Must be an email address			
About Your Orga	nisation		
* indicates a required fi	eld		
6. Are you a club or aClubSchool	a school? *		
7. How many membe	rs belong to your c	lub/organisation? *	
Must be a number. Must be a non-negative no	umber.		
8. Will the travel sub O Yes O No	sidy benefit partici	pants aged between	5 & 19 years? *
How many participar	nts are aged betwee	en 5-12 yrs? *	
How many participar	nts are aged betwee	en 13-19yrs? *	
What is the total nur	nber of male partici	pants? *	

What is the total number of female participants? *
What is the number of participants that have a disability? *
9. Does your application involve a partnership with a local school? *YesNo
10. What percentage of your members live in the vicinity of the local authority you are applying to for the rural travel fund? *
Must be a number and between 0 and 100.
About Your Project
* indicates a required field
11. Please provide a brief description of what this funding is going to be used for.
Word count: Provide a short description (100 words recommended) of your project - what are you out to do?
12. Travel Information
Distance travelled (km) *
Number of trips *
Number of vehicles used *

Financial Information

* indicates a required field

Sports NZ	Rural Tr	avel F	und Aլ	oplicat	ion
Form Preview					

13. Are you registered for GST? *○ Yes○ No					
Please write your G	ST Number in the spa	ace provided below			
14. How much mo	oney are you appl	ying for?			
Income		\$			
Sport NZ Funding					
Other Funders Your Contribution					
Total Total Income Amour	ıt				
Total Income Amoun					
This number/amount is co	alculated.				
and if so, what wa	Amount requested	organisation for fur Status	Approved Amount		
Organisation	(\$) Must be a dollar amount.		(\$) Must be a dollar amount.		
	1	O Application submitted			
		O Yet to apply			
		O Funding approved			
		O Application submitted			
		O Yet to apply			
		O Funding approved			
		O Application submitted			
		O Yet to apply			
		O Funding approved			
15. Do you have end application for fund		cal affiliated club/scho	ool for this		

Briefly explain and attach evidence of this. *
Word count: Must be no more than 100 words.
Attach a file:
Application Checklist
* indicates a required field
The following attachments and information must be supplied with your application for it to be considered: * A balance sheet from your organisation (i.e. financial statement) A bank generated deposit slip. Evidence of your endorsement from your local affiliated club/school (if required) The Council may request additional information to support your application.
Attach a file:
Declaration
* indicates a required field
Declaration * ☐ We consent to Queenstown Lakes District Council authority collecting the personal contact details and information provided in this application, retaining and using these details and disclosing them to Sport New Zealand for the purpose of review of the rural travel fund. This consent is given in accordance with the Privacy Act 1993. ☐ We solemnly declare that the details contained in this application are true and correct to the best of our knowledge and we have the authority to commit to the above conditions.