

Detail of achievements/honours, ie. county champion or seed.

Date	Name of Competition	Venue	Result
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.....
.....
.....
.....
.....

Club Membership

Name

Address

.....

4 Expenses

ONLY LIST THOSE COSTS WHICH ARE DIRECTLY INCURRED WITH PARTICIPATION AT COUNTY LEVEL OR HIGHER, IE. COUNTY SQUAD TRAINING FEES BUT NOT NORMAL CLUB FEES WHICH HAVE TO BE PAID BY ALL PARTICIPANTS IRRESPECTIVE OF THE LEVEL OF ABILITY.

Please give as much detail as possible - continue on back page if necessary.

	Details	Costs (£)
4.1 Competition

4.2 Specific Training Fees

4.3 Travelling

4.4 Accommodation

4.5 Clothing

4.6 Equipment

4.7 Affiliation Fees

4.8 Other

		TOTAL

5 Income

Applicants are required to declare income received within the last twelve months from grant aid or sponsorship in relation to the training expenses shown above.

	Details	Costs (£)
Grant Aid
Sponsorship

6 Declaration

To the best of my knowledge the information given above is a correct record.

Tick the box if you do **NOT** wish your award to receive publicity

Signed Date
 (Applicant/Parent/Guardian)

This form must be endorsed by a 'senior' (eg Chair of Club, Head Coach of Governing Body Training Squad) person who is not related to the applicant:

Countersigned (Officer of Club/Governing Body)
 Full Name Designation
 Email address Tel. No:

When completed, please return your form to: **Alive Sports Development** at the address on page 1.

