

# Sport NZ Rural Travel Fund Application Form 2021

**Clutha**  
District Council



Application No: \_\_\_\_\_ (Office Use Only)

## A. Details

Name of Organisation			
Contact Person:			
Postal Address:			
PO Box Address:			
Phone:	<input type="text"/>	Email:	<input type="text"/>
Bank Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>

## B. Contact Names

Name:	<input type="text"/>	Phone:	<input type="text"/>
Name:	<input type="text"/>	Phone:	<input type="text"/>

## C. Organisation Details

1. Are you a club or a school? (Tick or highlight one)	<input type="checkbox"/> Club	<input type="checkbox"/> School
2. How many members belong to your club/school?	<input type="text"/>	
3. How many participants aged between 5-18 will this travel subsidy benefit?	<input type="text"/>	
4. Of the participants, how many are aged between 5-11 years?	<input type="text"/>	
5. Of the participants, how many are aged between 12-18 years?	<input type="text"/>	
6. How many applicants are female?	<input type="text"/>	
7. How many applicants are male?	<input type="text"/>	
8. Does your application involve a partnership with a local school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. What is the funding going to be used for? (Briefly explain)	<input type="text"/>	
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
9. Do you have any disabled individuals who are being supported by this fund?		
a. If yes, how many will receive support?	<input type="text"/>	
10. What percentage of your members live in the vicinity of the local authority you are applying to for the rural travel fund?	<input type="text"/>	%

Clutha District Council, 1 Rosebank Terrace, PO Box 25, Balclutha 9240  
P: 03 419 0200; F: 03 418 3185; E: [help\\_desk@cluthadc.govt.nz](mailto:help_desk@cluthadc.govt.nz)  
[www.cluthadc.govt.nz](http://www.cluthadc.govt.nz)

**Please complete the following:**

<b>Name of Sport:</b>	
Number of participants:	
Number of kilometers travelled each week:	
Number of weeks of competition:	
<b>Name of Sport:</b>	
Number of participants:	
Number of kilometers travelled each week:	
Number of weeks of competition:	
<b>Name of Sport:</b>	
Number of participants:	
Number of kilometers travelled each week:	
Number of weeks of competition:	
<b>Name of Sport:</b>	
Number of participants:	
Number of kilometers travelled each week:	
Number of weeks of competition:	
<b>Name of Sport:</b>	
Number of participants:	
Number of kilometers travelled each week:	
Number of weeks of competition:	
<b>Name of Sport:</b>	
Number of participants:	
Number of kilometers travelled each week:	
Number of weeks of competition:	



**E. Declaration**

We hereby declare that the information supplied on behalf of our organisation is correct.  
 We consent to Clutha District Council collecting the personal contact details and information provided in this application, retaining and using these details and disclosing them to Sport NZ for the purpose of review of the rural travel fund. This consent is given in accordance with the Privacy Act 1993.

Name:	<input type="text"/>		
Position in organisation:	<input type="text"/>		
Signature	<input type="text"/>	Date:	<input type="text"/>
Name:	<input type="text"/>		
Position in organisation:	<input type="text"/>		
Signature	<input type="text"/>	Date:	<input type="text"/>

**Please attach the following:**

1. Latest financial statements from your organisation (i.e. P&L accounts, financial statement)
2. A bank deposit slip (in case your application is approved)
3. Evidence of your endorsement from your local affiliated club/school (if required)

**Checklist:**

1. Have you answered every question?
2. Have you attached the relevant documents with your application?
3. Send your application form with the relevant documents to:

**Clutha District Council**  
**PO Box 25**  
**Balclutha 9240**

**APPLICATIONS CLOSE 5.00pm Friday 20 November 2020**