



THE UNIVERSITY OF
**WESTERN
AUSTRALIA**

LITTLE ATHLETICS CENTRE

UWA Little Athletics – Athlete Funding Form

Application must be made prior to your event

Personal Details

Name: _____ Date of Birth: _____

Address: _____

_____ Post Code: _____

Home Phone: _____ Mobile: _____

Email: _____

Event Details

Event Title: _____ Event Date: _____

Location & Venue: _____

Support of Application

Have you received financial support from the club in the last 12 months?

Yes

No

Coach's Signature: _____

Payment Details

Bank: _____ Name/s on Account: _____

BSB: _____ Account No: _____

Parent/guardian's signature: _____

Athlete's Signature: _____ Date: _____