



SCORCHING GOAL FOOTBALL FUND

APPLICATION FORM

Applicant's Full Name: _____

DOB: _____ Age: _____

Phone: _____

School: _____

Address: _____

_____ Post Code: _____

Email: _____

Which Club do you belong to, or wish to belong to: _____

Which grade or competition are you intending to play in?
e.g. Futsal, First Kicks, Regular Grade _____

Have you approached any other organisation for funding?

YES

NO

If YES what is the name of the organisation?

Have you heard back, or when do you expect to hear back? _____

PARENT/GUARDIAN

I agree to the conditions of assistance:

Signature of parent/guardian: _____

Date: _____

Please post to:

SCORCHING GOAL FOOTBALL FUND
Mainland Football, PO Box 21122, Christchurch

OFFICE USE ONLY: Application complete

ACTION TAKEN:

SUPPORT PERSON

Refer to the website for suitable Support Persons.

Name of school/club/agency: _____

Role in school/club/agency: _____

I hereby recommend (name of child/youth)

for assistance from the **Scorching Goal Football Fund**.

Briefly outline relevant family circumstances:

(Attach additional sheet if necessary.)

PURPOSE OF ASSISTANCE: (Tick box/es)

Club Fees Cost (\$) _____

Representative Tournament Fees Cost (\$) _____

OR

Federation Talent Centre or Programme Fees

OR

Club apparel/gear Cost (\$) _____

Specific Child/Youth needs (if applicable): _____

SUPPORT PERSON CONTACT DETAILS:

Name: _____

Email: _____

Address: _____

_____ Post Code: _____

Phone: _____

I agree that, to the best of my knowledge, the applicant is worthy of the assistance applied for and will make strong efforts to remain involved in football as a result.

Signature: _____ Date: _____