



TRAVEL ASSISTANCE GRANT SCHEME APPLICATION FORM

SEND BY: FAX: 02 9283 4252 **EMAIL:** rnswba@rnswba.org.au **MAIL:** PO Box A2186 Sydney South, NSW 1235

Please complete and return this Travel Assistance Grant (TAG) Scheme Application with all supporting documents no later than thirty (30) days prior to the event for which the grant application is being made. Late applications will not be accepted.

PLEASE READ the TAG Scheme Application Guidelines (available on the Bowls NSW website) prior to submitting application.

Please indicate the status of the applicant with Bowls NSW

<input type="checkbox"/> Individual Member	<input type="checkbox"/> Member Club	<input type="checkbox"/> District Association	<input type="checkbox"/> Zone Association
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TAG SCHEME APPLICANT DETAILS

Name of Applicant Club/District/Zone: <i>(If applicable)</i>			
Individual making Application:		Position Held:	
Grant for Travel to: <i>(List Event/s)</i>			
Contact Details:	Phone:	Fax:	
	Email:		

FEES CHARGED – (ONLY CLUBS / DISTRICTS / ZONES TO COMPLETE)

ANNUAL MEMBERSHIP FEES	Full Bowling Member	\$	Multiple Club Member	\$	
<i>(Fee charged per Member/Registered Player)</i>	Junior Full Bowling Member	\$	Junior Multiple Club Member	\$	
CLUB/DISTRICT AFFILIATION FEE	Club Affiliation Fee	\$	District Affiliation Fee/Levy	\$	
<i>(Districts/Zones ONLY)</i>					
EVENT FEES	State Championships <i>(Open, Pres, O'60s)</i>	\$	State Pennants <i>(Indicate if per Side, Grade or District)</i>	Per Grade	\$
				Per Side	
<i>(Entry Fee charged per Player in Assoc. Events – DISTRICT/ZONES ONLY)</i>	Junior Championships	\$	Champion of Champions	Per District	

MANDATORY SUPPORTING DOCUMENTS

****ALL CLUBS, DISTRICTS AND ZONES MUST PROVIDE AT LEAST THE 4 DOCUMENTS LISTED BELOW WITH APPLICATION****

<input type="checkbox"/> Last two (2) Annual Reports.	<input type="checkbox"/> Current Financial Statements	<input type="checkbox"/> Current Constitution	<input type="checkbox"/> Approx Travel Budget / Expenditure*
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Other *(Please Specify)*

**Individual Applicants provide Approximate Travel Budget / Expenditure ONLY*

DECLARATION

I _____ *(Please Print)* request that the RNSWBA consider this application for funds under the T.A.G. Scheme. I declare that I have read the TAG Scheme Guidelines and agree to the terms stated in these Guidelines. I declare that all mandatory supporting documents are provided with this application form and that the information contained within this application and all supporting documents is accurate.

Signed: _____ Position: _____ Dated: _____