

**Organisation Details**

*This form must be completed by the supporting organisation and include all eligible participants in the event. Payments will be made out to the supporting organisation name - please ensure an account is available in this name to receive payment. All correspondence will be addressed to the contact person.*

<b>Name of supporting organisation</b>	
<b>Contact Person</b>	
<b>Postal Address</b>	
<b>Phone Number</b>	
<b>Email Address</b>	
<b>ABN</b>	
<i>Applicants without an ABN are required to fill out and attach a <a href="#">Statement by Supplier Form</a></i>	

**Event Details**

*If the event is in Australia, please provide state and city. For international events, please provide the country and city. Applications received after the start of the event will not be eligible. Selection letter/s must be attached for each individual*

<b>Name of Event</b>	
<b>Location and Venue</b>	
<b>Date/s of Event</b>	
<b>Who made the selection?</b> <i>Please provide the name of the appropriate governing/selection body for this event.</i>	
<b>Will any payment be received by the individual/s for participating?</b>	
<b>What is the cost for each individual to participate in this event?</b> <i>Please provide an estimated sum of all costs to participate e.g. travel, accommodation</i>	

**Declarations**

By submitting this application, the organisation confirms that;

	<i>All of the information provided in this application (and accompanying documents) is correct, accurate and complete to the best of my knowledge.</i>
	<i>We will acknowledge the contribution of the City in any marketing about our club, group or association's participation in this event.</i>
	<i>Our organisation does not have any outstanding debts or acquittals with the City of Wanneroo.</i>
	<i>We will provide evidence of participation in the event to the City of Wanneroo (e.g. photographs, press clippings)</i>
	<i>I am authorised to make this request on behalf of the group/organisation and certify this funding application was approved by the Board/Management Committee (or equivalent) for the applicant group/organisation</i>
<b>Name of Authorising Officer</b>	
<b>Authorising Officer Position</b>	
<b>Date</b>	

**Participant Details**

*Please provide details of all eligible participants in the event. Participants must reside within the City of Wanneroo and either be 25 or under, 60 or over, or have a disability at any age.*

Name	Residential Address	Team Name <i>(if applicable)</i>	Date of Birth	Gender

*Please add more lines to table or attach separate sheet if there are more names to be included.*

**Please ensure selection letter/s are included when submitting application.** Return completed form via email to [communityfunding@wanneroo.wa.gov.au](mailto:communityfunding@wanneroo.wa.gov.au)