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| **SPORTS GRANT APPLICANT DETAILS FOR AFFILIATED PLAYER/CLUB/OFFICIALS/OTHER** |
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| **Grant Category** | **Player** |  | **Umpire**  |  | **Coach** |  |  **Club** |  | **Other** |  |
| **Main Contact**  |  | **Contact Tel. No.** |  |
| **EN Personal ID** |  | **EN Club ID** |  |
| **Forename** |  | **Surname** |  |
| **Address 1** |  |
| **Address 2** |  | **Postcode** |  |
| **Email** |  **@** |
| **Telephone** | **Home** |  | **Mobile** |  |
| **I confirm that I have read and agree to the terms and conditions for the CNL Sports Grant Scheme in relation to this request** | **Please tick box****as acceptance** |  |
| **DETAILS OF APPLICATION** |
| **TOTAL COSTS INVOLVED: £** |

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| **OFFICIAL USE ONLY** |
| **Date Received** | **\_ \_ / \_ \_ / \_ \_** | **Committee Decision** |  **Approved / Rejected** |
| **If approved, value** | **£** | **Payee details** |  |
| **A/c No.** |  | **Sort Code** | * **-**
 |
| **Online Payment Made** |  |

Return completed from to: CNL Treasurer -  ***netball.jmm@gmail.com or post to address below***

**(Please print or photocopy this application form if necessary)**