



**BELMONT LITTLE ATHLETICS CENTRE INC.**

Affiliated with Athletics West

**ATHLETICS WEST  
STATE TEAM REPRESENTATIVES  
FINANCIAL ASSISTANCE APPLICATION**

I/we, \_\_\_\_\_ formally request financial assistance from the Belmont Little Athletics Centre for \_\_\_\_\_ to attend the national/international event nominated below.

In submitting this request I/we acknowledge that the final approval for granting financial assistance is subject to the Executive Committee's discretion, and I/we further understand that this decision will be final.

We the under-signed certify that the nominated athlete is a current fully paid member of \_\_\_\_\_ Little Athletics Club and agree to abide by the terms and conditions as set out in the "ATHLETICS WEST STATE TEAM REPRESENTATIVES FINANCIAL ASSISTANCE POLICY" of the Belmont Little Athletics Centre.

\_\_\_\_\_  
Club President

\_\_\_\_\_  
Parent/Guardian of nominated athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Athlete's Full Name: \_\_\_\_\_

Athlete's AW Reg. Number: \_\_\_\_\_

Event Name: \_\_\_\_\_

**EXECUTIVE COMMITTEE USE ONLY**

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Position: \_\_\_\_\_

Executive Committee Meeting Date: \_\_\_\_\_

Executive Committee Decision: GRANTED / DENIED

Amount of Financial Assistance: \$ \_\_\_\_\_ :