



'BREAKING DOWN BARRIERS' POLICY APPLICATION FORM

This form is to be used by members of FC Nelson to seek financial assistance under the 'Breaking Down Barriers' Policy. The terms of the policy are binding on all parties.

NAME OF PERSON MAKING THE APPLICATION *

FULL NAME OF PLAYER

EMAIL ADDRESS OF APPLICANT*

DAYTIME CONTACT PHONE NUMBER *

Individual responsibilities will apply to applicants. If the applicant is made on behalf of a minor, or a person in care, the responsibilities will apply to the applicants Parent, guardian, Caregiver or to the person making the application on their behalf.

The applicant, by placing a tick in each box indicates they agree to the following terms and conditions:

- Not provided false or misleading information.
- Comply with all Terms & Conditions and requirements of the policy.
- Supply supporting documents, where requested by FC Nelson.
- Understand that providing false or misleading information when making an application for financial assistance will disqualify them from making any further claims or applications to FC Nelson.
- Accept the decision made in relation to the application.
- Accept that volunteering conditions apply to the applicant

I AM AFFILIATED TO:

- FC Nelson
- We/I intend to commit to FC Nelson for a minimum of one annual season

TYPE OF ASSISTANCE REQUIRED:

Describe in detail below what the funding application relates to I.E (Winter Subscription Fees/Tournament Fees etc)

WHAT IS THE TOTAL VALUE OF YOUR FUNDING REQUEST ?

*I UNDERSTAND THAT BY CHECKING THE "I AGREE" BOX AND SUBMITTING THIS APPLICATION THAT I AGREE TO THE TERMS AND CONDITIONS OF FC 'BREAKING DOWN BARRIERS' POLICY.
I UNDERSTAND THAT I AM FREE TO WITHDRAW MY APPLICATION AT ANY TIME.*

- I AGREE