This application should only be completed after reading the respective County and Regional Grant Policy documents (Available on either web sites).

The application form is to be completed by the archer requesting financial support and must, in the first instance, be sent to the County Secretary, for consideration and endorsement, who will then forward it together with any supporting information provided to the Regional Treasurer.

|  |  |
| --- | --- |
| **Archers Details** | |
| Name: | Address: |
| Club: |  |
| Archery GB No: |  |
| Tel No: |  |
| Email: | Post Code: |
|  |  |
| Junior: Y/N – if Y please state Age: Date of Birth: | |
| **Event Details** | |
| Event: | |
| Venue: Date: | |
| Organisation inviting you to represent them: AGB EAF Other  If Other please specify who:  **Please attach a copy of your invitation to compete.** | |
| Cost of Attending:  Please attach a list of all the known expenses that you have incurred, with receipts. | |
| **Funding from Recognised Bodies** | |
| Funding from AGB: £ Funding from EAF: £ | |
| Funding from Club: £ Endorsed by:  Signature of Club Officer:  Date: | |
| Funding from County: £ Endorsed by:  Signature of County Officer:  Date: | |
| Funding from Region: £ Endorsed by:  Signature of GWAS Officer:  Date: | |
| **Funding from Other Sources** | |
| Source:  Amount: | |

**DECLARATION**

I have declared all the costs that I have or am likely to incur and all the funding that I will be receiving prior to this application in support of me attending this event. I hereby request additional funding from the County and GWAS to support my out of pocket expenses. I have read and understood the Grant Policies.

Applicant Signature: Name of Bank:

Juniors: Parental/Guardian consent Signature Name in which account is held:

Date: Sort Code:

Account number: