



## **CENTRAL HIGHLANDS COUNCIL COMMUNITY DONATIONS PROGRAM APPLICATION FORM**

Please ensure you have read and understand the Program Guidelines prior to completing this form.

### **1. APPLICANT DETAILS**

**Applicant's Name :**

**Contact Details**

**Residential Address:**

**Phone: (Business hours)**

**Mobile:**

**Fax:**

**Email:**

**Signature**

**Amount Applied for \$.....  
(Maximum as per Guidelines)**

### **2. INTERSTATE OR INTERNATIONAL REPRESENTATION**

**Where are you competing/attending?**

**What sport/activity are you competing in, and at what level?**

**If you are a sports competitor, are you competing as an amateur?**

**What dates are you competing/participating?**

**Please provide details to support your application**

**3. MEDICAL ASSISTANCE**

**What type of medical/rehabilitation treatment will you be receiving?**

**Where will the treatment be administered?**

**Please provide any additional information to support your request.**