

IA08973

1376 Old Cleveland Road, CARINDALE QLD 4152

EVENT FINANCIAL SUPPORT APPLICATION FORM

| HOST CLUB NAME |
|---|
| EVENT NAME |
| DATE/S OF EVENT |
| StartFinish |
| EVENT LOCATION |
| REASON FOR APPLICATION |
| |
| WHAT CLUBS WILL BE ATTENDING THE EVENT |
| ADDITIONAL INFORMATION TO ASSIST WITH YOUR SUPPORT APPLICATION |
| |
| If your application is successful please supply QHMC TREASURER with the following:- |
| Bank Account details for your club to enable transfer of support funds. A receipt of funds received (within 1 month of receipt of funds). A written report on the event within 1 month of completion of the event to be forwarded to the QHMC MANAGEMENT COMMITTEE. |
| Grant approvals will be at the discretion of the QHMC Management Committee |
| APPROVED BYDate |
| NOT APPROVED BYDate |