

RGYC FOUNDATION SPONSORSHIP PROGRAMME APPLICATION FORM

APPLICANT

NAME: _____ **DATE:** _____

ADDRESS: _____

Email address:

Telephone: mobile:

home:

IF the applicant is under 18 years a parent of the applicant must sign indicating approval of the application.

PARENT:

SIGNATURE: _____ **PHONE:** _____

PROPOSED EVENT and DATE of EVENT (event for which sponsorship support is sought):

LOCATION: _____

WHAT OTHER FUNDING HAVE YOU SOUGHT? Please indicate the funding that has been promised/provided.

ARE YOU A CURRENT FINANCIAL MEMBER OF RGYC?

CATEGORY: _____

BUDGET OUTLINE: (please provide official documentation wherever possible)

Written recommendations in support of this application are provided by:

**PREVIOUSLY SPONSORED DELEGATES/ CLASS TEACHER / SAILING SCHOOL TEACHER/
OTHER (please circle)**

NAME:

SCHOOL PRINCIPAL:

NAME:

SCHOOL

Payment Details if Sponsorship is Approved.

BSB

ACC #

ACC Name :

FOUNDATION

Letters of recommendation must accompany this form.

SIGNATURE OF

APPLICANT:

DATE:

Applications should be sent to Lynne Johnston, Hon. Secretary RGYC Foundation via the RGYC Office or to info@rgycfoundation.com.au