

ELITE ATHLETE FUNDING APPLICATION FORM

National Sports Governing Bodies should submit this form together with any accompanying documentation to the Bermuda Olympic Association Office, Suite 405, International Centre, Par-la-Ville Road, Hamilton. Forms may also be submitted by mail, e-mail. Applications will be considered at the next BOA Technical Committee Meeting, and approved at the following BOA Executive Meeting. Reimbursement is limited to days of competition only. Results and expenses (forms available from the BOA Office) should be submitted every calendar quarter.

NAME OF ATHLETE: _____

NATIONAL GOVERNING BODY: _____

SPORT/DISCIPLINE: _____

DATE OF BIRTH: _____

Please detail intended participation at International Competitions for the coming year (including dates and venues):

DATE	VENUE	COMPETITION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please detail a budget for the coming year in respect of foreseeable expenses for international competition participation as follows:

1. TRAVEL (AIRFARE & OTHER TRANSPORTATION COSTS)

DATE	VENUE	COMPETITION	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	TOTAL \$ _____

2. HOTEL ACCOMMODATION

DATE	VENUE	COMPETITION	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	TOTAL \$ _____

3. ENTRY FEES

DATE	VENUE	COMPETITION	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	TOTAL	\$ _____

4. TRANSPORTATION OF EQUIPMENT/BOATS/HORSES ETC.

_____			\$ _____
_____			\$ _____
_____			\$ _____
_____		TOTAL	\$ _____

5. OTHER

DATE	VENUE	COMPETITION	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	TOTAL	\$ _____

TOTAL BUDGET \$ _____

PAST RESULTS AND PERFORMANCES:

DATE	VENUE	COMPETITION	RESULT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I, the undersigned, hereby certify that the above information is true and correct to the best of my knowledge at this time.

Signature: _____

Name of NGB representative: _____

Signature of NGB representative: _____