

Swimming Auckland Incentive Scheme

APPLICATION FORM REQUESTING PAYMENT FOR 2005 /06

I	(Full name) request payment of the		
\$	allocated to me as advised in my letter dated		
I have incurred expenses totaling approx. \$ while:			
~	Please tick the option(s) that apply and give meet details if applicable:		
	1. Overseas as a member of a NZ Team	(Meet)	
	2. Within NZ as a member of a NZ Team	(Meet)	
	3. Overseas as a member of a selected Auckland Team	(Meet)	
	4. In the Australian Open, but not an Australian State Championship unless (3) apply	(1) or	
	5. In the NZ Opens Summer an/or NZ Winter Championships and/or NZ Op Water Championships	en	
Please forward a cheque to me for the above allocation as soon as possible			

Please forward a cheque to me for the above allocation as soon as possible		
Signed		Swimmer
Signed		Club

FOR PAYMENT, SEND COMPLETED FORM TO ABOVE ADDRESS OR FAX 415 4594 with your current postal details

P O Box 300 633, Albany

Ph: 448 1480 Fax: 415 4594

 $Email: \ \underline{info@akswim.co.nz} \quad Website: \ \underline{www.akswim.co.nz}$