Application for Financial Support

1. Player Information

Player's name	
Date of birth	
Team	
Name of parent/guardian	
Parent/guardian telephone number	

2. Tournament Information

Tournament name	
Location	
Date	
Organiser	

3. Costs

Registration/participation fee	
Travel	
Accommodation	
Other costs	
Total costs	

4. Support

Amount of support requested:	

5. Reason for Application

Briefly explain why financial support is being requested:

6. Declaration

I confirm that the information provided in this application is correct and that any financial support awarded will be used to cover costs related to the tournament specified in this application.

Place/date	
Signature	
Parent/guardian	



For internal use by the club

Date received	

Send the completed form to:
dagligleder@havorn-fotball.no

- ☐ Approved
- ☐ Declined

Signature	