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uMhlathuze AC
 P.O. Box 93
 Empangeni
 3880

Application For Athlete Assistance

Name* :

Surname* :

ID* :

KZNA Lic : Female Male

Postal Address ** :

 Code:

Street Address** :

 Code:

Cell Number* : 0

Tel Number : 0

Email Address :

Occupation :

Employer/School :

Tel Number : 0

Bank :

Account No :

Branch Code :

*These fields must be completed for application to be considered

**One of these fields must be completed for application to be considered



I need assistance with the following :

Race Assistance :

Race	Date	Entry Fee	Accomodation	Transport
		R	R	<input type="checkbox"/>
		R	R	<input type="checkbox"/>
		R	R	<input type="checkbox"/>

(Races in Kwa-Zulu Natal only. Other province races may be requested separately with full motivation)

Running Shoes :

Size :

Licence Fee :

Other :
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By signing this document :

I agree that the Umhlathuze Athletic Club (UAC) Committee may contact my employer/school to confirm employment and other details as provided on this form.

I declare that my income is less than R42000 p.a. (R3500 p.m.)

I understand that:

- 1) Assistance may be stopped/declined if any information provided is untrue.
- 2) Assistance is provided at the sole discretion of the UAC Committee and no member is entitled to take it as a given
- 3) I will declare any other donations/gifts obtained by my own means in regards to running to the UAC Committee
- 4) Assistance is provided as the means of UAC allows, if funds are not available assistance cannot be given
- 5) Assistance may be stopped if my actions bring UAC into disrepute
- 6) By accepting assistance from UAC I shall be required to work at a minimum of 2 UAC events per year
- 7) Approval is only valid until 31 December of the current year (Reapply annually)

Signed at on the day of 20

Signature : Witness :

For Official Use Only		
Chairperson :	Secretary :	Declined : <input type="checkbox"/>
Date :	Date :	Approved : <input type="checkbox"/>