

GOVERNMENT OF NEWFOUNDLAND AND LABRADOR

PREMIER'S ATHLETIC AWARDS PROGRAM

APPLICATION FORM

General Information	
SPORT:	
Are you a registered member of a Provincial Sport Orga	anization? "Yes "No
Do you compete in other sports? "Yes" No	
If yes, what sport	Level: "National "Atlantic "Provincial
Surname	Given Names
Mailing Address (Street/P.O. Box) (Address to which co	orrespondence should be sent.)
City/Town	Postal Code
Telephone: (B) (H)	E-Mail Address:
Permanent Mailing Address (if different from mailing ad	ddress)
City/Town	Postal Code
Telephone: (B)	(H)
Birth Date:\\ Year Month Day	Male "Female
Educational Status: " Not Attending School " High School (Present G	" Post Secondary (Year of Study
If Other, please specify:	raue
Employment Status: "Full-time "Part-time	me "Presently Unemployed" Student
For Post Secondary Student Athletes C	only
Name of Institution:	
Faculty/Degree Program:	
" Full-time Student " Part-time Student	Attending from:\ to\ Month Year Month Year

ig Costs. (gym rees, persona	al trainer, special equipment, personal gym	')		
			\$	
			\$ \$_	
etition Costs: (Travel, Hotel, F	Registration Fees, etc.)		Ψ	
			\$	
			\$	
Expenses: (equipment, tuitio	n fees, additional living expenses, camps,	etc.)	Φ	
			\$	
			\$	
			\$	
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Athlete's Declaration

Signature of President, Provincial Sport Organization

I hereby declare that the above information, to the best of my knowledge, is true and complete and that if selected, in return for any assistance provided under the Premier's Athletic Awards Program, I undertake to fulfill all training and competition commitments and I agree to compete for the Province of Newfoundland and Labrador in Canada Games and other national level competitions. Applicant's Signature Any Additional Comments: Please forward the completed application, including coach's signature below, to your Provincial Sport Organization on or before January 17, 2004. FOR COMPLETION BY COACH ONLY ____Surname Given Names Current Mailing Address (Street/P.O. Box) _____City/Town Postal Code Telephone: (B)_____ ____, is presently training and competing in the sport This will confirm that the applicant, Name under the guidance and training of the undersigned. Sport Date Coach's Signature Comments: FOR COMPLETION BY PROVINCIAL SPORT ORGANIZATION ONLY NAME OF PROVINCIAL SPORT ORGANIZATION: Date application received by Provincial Sport Organization: Year Month Dav Athlete's ranking for assistance within your sport: (i.e. first, second, third, etc): Male and female athletes must be ranked together.

Date