

BALLYMENA ROAD CLUB

MEMBER FINANCIAL ASSISTANCE REQUEST APPLICATION

NAME: _____

ADDRESS:

TEL. NO: _____

MEMBERSHIP/LICENSE NO: _____

TYPE OF FUNDING REQUIRED:

RACING

TOURING

OTHER Please Specify: _____

WHAT PURPOSE WILL THIS FUNDING BE USED FOR/HOW DO YOU FEEL THIS FUNDING WILL ENABLE YOU TO FURTHER YOUR OWN CYCLING GOALS:

IF SUCCESSFUL IN YOUR APPLICATION HOW WILL YOU ENSURE THAT THIS FUNDING WILL FURTHER PROMOTE THE NAME OF BALLYMENA ROAD CLUB:

SPECIFY AMOUNT OF FUNDING REQUIRED FROM BRC: £ _____

IS THIS A SINGLE OR A GROUP APPLICATION: _____

HAVE YOU APPLIED FOR FUNDING FROM BRC BEFORE: YES/NO

If YES please state dates/amount of funding received: _____

HAVE YOU APPLIED FROM FUNDING FROM OTHER SOURCES: YES/NO

If YES please specify from whom and detail amounts: _____

TOTAL COST OF PROJECT: £ _____

COST BREAKDOWN:

TOTAL AMOUNT REQUESTED FROM BRC: £ _____

BREAKDOWN OF COSTS:

(i.e. TRAVEL, FUEL, EVENT ENTRY FEES, ETC.)

Successful applicants will be required to comply with requirements specified by BRC Committee Funding Guidelines.

*Successful applicants will also be required to supply the BRC Treasurer with receipts for all spending relating to the funding.

Signed: _____ (Applicant)

Date: _____