Regional Representative Support (Youth)

Applicants Name

First Name **Last Name**

Do you reside permanently within the boundaries of Barcaldine Regional Council?

Yes ☐

No ☐

Applicant Postal Address

Mobile

Email

Activity Name

Activity Date

Brief Description of the Project

Attach evidence of selection or representation of sporting or cultural activity (e.g. invitation to participate)

Does the applicant have any outstanding acquittals for funding granted under any of the Barcaldine Regional Council funding streams?

Yes ◯

No ◯

Signature

Name

Date