

KIDSPORT™

APPLICATION VOUCHER



CITY OF KARRATHA TO COMPLETE

FOR OFFICE USE ONLY

City of Karratha

- Voucher validated Date: ___/___/___
- Voucher amount \$ _____
- KidSport database updated
- Returned to applicant

Signature: _____

Invoiced by the club on: ___/___/___

Health Care Card No: _____

KIDSPORT™

APPLICATION VOUCHER

Disclaimer - All information obtained will be used solely for purposes related to the Government of Western Australia's Sport4All program initiative (Privacy Act 1988)

APPLICANT TO COMPLETE THIS SECTION

APPLICANT DETAILS (CHILD)

First name: _____

Surname: _____

Male Female

Date of Birth: ___/___/___ Age: _____

What suburb does applicant live in? _____

Is English their first language? Yes No

Are they Aboriginal/Torres Strait Islander? Yes No

Do they have a disability? Yes No

Have they registered with any club before? Yes No
If yes, when? _____ (year)

Have they received KidSport funding before? Yes No

How did you hear about KidSport? _____

What sport would the applicant like to play?

What club would the applicant like to join?

PARENT/GUARDIAN DETAILS

First name: _____ Surname: _____

Relationship to child: _____

Address: _____

Suburb: _____ Postcode: _____

Home: (____) _____

Mobile: _____

Email: _____

Signature: _____ Date: ___/___/___

Please attach a copy of your Health Care Card or Pension Concession Card.

KIDSPORT™

CITY OF KARRATHA



IN PARTNERSHIP WITH
THE DEPARTMENT OF
SPORT AND RECREATION



Department of
Sport and Recreation

UP TO
\$200
TOWARDS CLUB
FEES FOR KIDS!

APPLICATION

