



# Carina

## Junior Rugby League Football Club

Celebrating fifty three years of rugby league 1958 – 2011

The Secretary  
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### PLAYERS FINANCIAL ASSISTANCE PROGRAM APPLICATION FORM

Date: \_\_\_\_\_

1. Name of Player (Applicant): \_\_\_\_\_ Team: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female

Name of parents/guardian (applicable if under 18): \_\_\_\_\_

Contact phone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

2. Are you: Aboriginal  Torres Strait Islander

3. Your employment details: (If you are under 18, your parent/guardian has to fill out)

Applicant: Employed  Full Time  Part Time  Pensioner  Student  Unemployed

Approximate income per week \$ \_\_\_\_\_

Father/Guardian: Employed  Full Time  Part Time  Pensioner  Student  Unemployed

Approximate income per week \$ \_\_\_\_\_

Mother/Guardian: Employed  Full Time  Part Time  Pensioner  Student  Unemployed

Approximate income per week \$ \_\_\_\_\_

4. Reason for financial assistance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### PLEASE NOTE: Personal Information Notice

Your personal information will not be provided or passed on to any other third party without your consent.

Signature of Applicant: (Parent/Guardian signature if under 18) \_\_\_\_\_