

GOZO ATHLETES TRAVELLING ASSISTANCE SCHEME**DETAILS OF APPLICANT****NAME**

--

SURNAME

--

IDENTITY CARD NUMBER (PLEASE ATTACH COPY TO THIS APPLICATION)

--

PHONE NUMBER

--

MOBILE NUMBER

--

E-MAIL ADDRESS

--

SPORTS ORGANISATION NAME

--

SPORTMALTA REGISTRATION NUMBER

--

PHONE NUMBER

--

MOBILE NUMBER

--

E-MAIL ADDRESS

--

EVENT NAME

--

NUMBER OF TRIPS

--

DATES

**ORGANISED BY
(ASSOCIATION / FEDERATION)
APPROVAL OF ASSOCIATION /
FEDERATION – CERTIFICATION OF
TRAINING / PARTICIPATION IN
MALTA (SIGNATURE)**

**NATIONAL SPORTS ORGANISATION
STAMP**

**DETAILS ABOUT DOCUMENTS
BEING SUBMITTED (RECEIPTS /
INVOICES)**

TOTAL AMOUNT BEING CLAIMED

**FOR OFFICE USE ONLY
(AMOUNT APPROVED)**

SIGNATURE

OFFICIAL STAMP

€

€