

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

--

**SURNAME**

--

**POSITION WITHIN SPORTS ORGANISATION**

--

**SPORTS ORGANISATION NAME**

--

**SPORTMALTA REGISTRATION NUMBER**

--

**PHONE NUMBER**

--

**MOBILE NUMBER**

--

**E-MAIL ADDRESS**

--

**EVENT NAME**

--

**NUMBER OF TRIPS**

--

**NUMBER OF ATHLETES / TRIP**

--

**DATES**

--

**ORGANISED BY  
(ASSOCIATION / FEDERATION)**

--

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


**STAMP**

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


**TOTAL AMOUNT BEING CLAIMED**

€

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

€

**SIGNATURE**


**OFFICIAL STAMP**