



GOZO ATHLETES TRAVELLING ASSISTANCE SCHEME 2021

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

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**ORGANISED BY
(ASSOCIATION / FEDERATION)**

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

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NATIONAL SPORTS ORGANISATION STAMP

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

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TOTAL AMOUNT BEING CLAIMED

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

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SIGNATURE

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OFFICIAL STAMP

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