



068 601 8975

381 Boshoff Street  
Pietermaritzburg, 3201



# Player Assistance Application Form

## **ABOUT THE APPLICANT**

Name: .....

Tel: (Work)..... (Cell).....

Address: .....

Post Code: ..... Occupation: .....

Date of Birth: ..... Age: .....

## **TOURNAMENT DETAILS**

Name of Tournament: .....

Date: ..... Tournament Fee: .....

Achievements to date: .....

.....

.....

.....

## **Your Reason for this Application**

*Please state your reason for this application:*

.....

.....

.....

## **Supporting Statement from Secretary/Coach (This may be made separately in letter form if preferred)**

Name: ..... Occupation: .....

.....

.....

Signed: ..... Date: .....

## **DETAILS OF PERSON COMPLETING THIS FORM (IF DIFFERENT FROM APPLICANT)**

Name: ..... Tel: (cell) ..... (work).....

Address: .....

Relationship to Applicant: .....





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The above information is true and accurate to the best of my knowledge.

Signed: .....

Name : .....

Date: .....

Banking Details of Applicant:

Bank: .....

Branch: .....

Code: .....

Account No.: .....

**For Office Use Only**

APPROVED

YES

NO

APPROVED AMOUNT : .....

NOTES: .....

NAME: ..... SIGNATURE: .....

This form, together with any other information you wish to append should be returned to the address below.

e-mailed to: [info@midlandssquash.co.za](mailto:info@midlandssquash.co.za)

